MPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumotic event, the

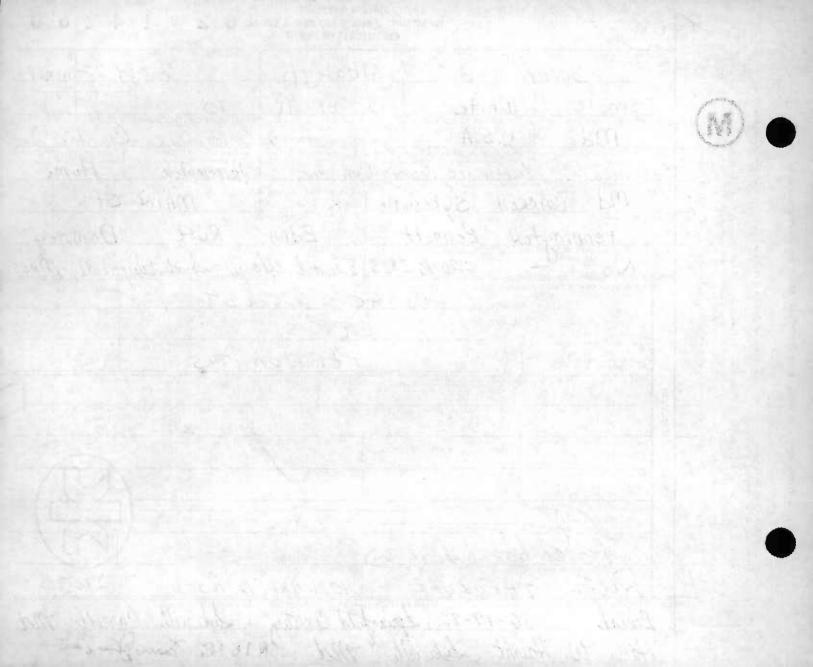
STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	-	4	2	5	9
CERTIFICATE OF DEATH		DEC NO					1

	1 -	STATE REGISTRAR			ou and	CERTIF	ICATE OF DEATH	REG. N	10.	-1 %	2 7
1		OR PRINT)	FIRST	MI	DDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR : 58
			Ger	aldine	R.	Aa	iron	June 25	1982	2	PM
	3 SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY	IF UNDER I YEAR	
		Female		White	9	Sep.		52	YRS	MONTHS DAYS	HOURS MIN
-		RTHPLACE ISTATE OR	EOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	37	9 BALTIMORE CITY		OF DEATH	
2		st Virgi	inia	U.S.A	A.	WIDOWE		Baltimo	ce Cou	unty	MD
G		TY OR TOWN OF DE		11. NAME OF H			OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
2	T	owson			Joseph'		pital	Supervis			pital
1		AL RESIDENCE (IF NURS	136 COUL	OTHER INSTITUTION, G	INE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS		1	P 2 0012
		ryland		timore	2123	4	YES NO X	1201 De	anwoo	od Roa	Б
		THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
		Elmer	F	WIDDLE	Clar	k	Margare	t G.		Sil	ver
٦		AS DECEASED EVER			16b SOCIAL SECU		17. INFORMANT	ADDR	ESS		
4	()	NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)	220-34-	0353	Harry C. A	aron 1201	Dear	nwood	Rd. 2123
		18 CAUSE OF DEAT	H (Enter or	Ilv one cause per li	ne for (a), (b), and	dicil	1				CIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSE				bral embolis	m			days
		3977	INTINEDIA	L CAOOL (a)	AS A CONSEQUE				Maria II		
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		gave rise ta imi	mediate	0)							70000
		underlying cause		DUE TO, OR	AS A CONSEQUE	NCE OF				A	
		PART 2 OTHER SIGI	NIFICANT	ONDITIONS COM	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	a a
	NO N	100			ALC: U						
7	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED
	Ţ	5 3 7 10 1						YES NOTE	IN CERTIF	YING CAUSES	NO
1	CER	210. ACCIDENT WAS UNI		216. TIME OF			21c. HOW INJURY OCCURR		RY IN ITEM 18 F	PART I OR PART 2)	
		OR CONTRIBUTING		1111	. MONTH DA	YEAR	Manager All				
	MEDICAL	21d. INJURY OCCUR		21e. PLACE O	FINJURY		21f LOCATION				
1	\$	WHILE NOT WE	HILE	(AT HOME STREE	ET FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
1		220.1 certify that (I)		tal) ottended the	deceased fram_	June	17, 19 82	to June	25,	19 82	that (1) (we) last
1		sow the decease	ed alive on	June 2	5, 1982	, ar	nd that in (my) (our) opinion o	death occurred on the d	ate and hou	ıı and fram the	causes stated
1		226. SIGNATURE	/ dia no	· O	rrer death.		DEGREE			22t. DATE	SIGNED
1		aushon	6.1	Lewand	owder"	m	ATTENDING	MEDICAL STA	FF CLANIC		
٦		22d. PHYSICIAN'S N	AME (TYPE C				22e ADDRESS	J DIRECTOR PHYSIC	JAN L		
		Anthony	T.O.	andowski	MD		7402 York	Rd. #2120	24		
-	23e BI	URIAL, CREMATION,				NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7		
	15	urial	OTAL					CITY OF TOWN		COUNTY	STATE
		INERAL DIRECTOR		quite 25	, OZIVIO.	гетаг	nd Mem. Parl	K Baltimo		were street	ryland
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND



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PORTANT: If Hem 21 is marked or Item 18 show

14 FUNIRAL DIRECTOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BY REGISTRAR OF REGIST (A)

JUN 2 2

76. BIRTHPI COUNTY Mic Mic 18. CITY OF USUAL RES 130. STATE Mar 14 FATHER Albert MS 160 WAS DO MES NO 118. C P	Elsemale Place (STATE OR FOR Chigan R TOWN OF DEATH DWSON SIDENCE IN NURSING TYLAND RESIDENCE IN NURSING TYLAND RESIDENCE IN NURSING TYLAND T	US 11. NAME OF (IF NOT IN SU St. HOME OF OTHER INSTITUTION B COUNTY Baltimore	WHAT COUNTRY: A HOSPITAL, NURSI CH FACILITY, GIVE STREE JOSEPH I GIVE RESIDENCE BEFOR 1136. CITY OR TOV Parkvi	S. DATE C SONTH S. MARRIEI WIDOWE NG HOME O 1 ADDRESSI HOSPIT	DOWN OR OF THE PROPERTY OF THE	20 DATE OF DEATH June 6 AGE (IN YEARS LAST 79 9 BALTIMORE CITY Baltimor 12a USUAL OCCUPA (TYPE OF WORK FOR MOS House	17 YRS. OR COUNTY CE COUNTY TOF WORKING LI	12b KIND (2b HOU 1:2' IF UNDER HOURS DF BUSINE emak	MD.
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18 C	OR UNKNOWN)		166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADD	RESS			
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gav cous und		hich (b)	OR AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	NOT RELATED TO THE TERMI	nal disease or co	ONDITION GIV	VEN IN PART 1	a	
CERTIFICATION 19a D	DATE OF OPERATIO	N 196 COND	ITION FOR WHICH	H OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDI	OF DEAT	H?
710	ACCIDENT WAS UNDERL	YING 7 21b. TIME C	OF INJURY		21c HOW INJURY OCCURR	YES NO B		ES DEBARIO	NO [
	ONTRIBUTING CAU	SE OF DEATH HOUR A	M. MONTH D			ED (EIGIER ANIONE OF III	JOKT IN TIEM IS	ran On ran 27		
1 × 1	EITHER NOTIFY MEDICAL		.M. OF INJURY	19	211 LOCATION					
AT WC	ORK AI WORK	Ц	REET FACTORY OFFICE		SIREET	CITY OR	TOWN	COUNTY	S.	TATE
s	saw the deceased	is hospital) attended to plive on June 1	19_		d that (xxxy) (our) opinion d	ta June leath accurred an the	dote and have	ur and from the	thoX(I) (v	
22b. S	n atur	ided &	de Le	on ?		MEDICAL ST	AFF SICIAN X	C/	SIGNED	2
22d. F	PHYSICIAN'S NAMI Nativi	dad D. del	eon, M.D		7620 York Rd	. Towson,	Md.	21204		
230. BURIAL (SPECIFY	******	MOVAL 236 DATE			EMETERY OR CREMATORY	Balto.		COUNTY	ST	

DHMH - 16 50M 1/B) (VRA 15, 4)

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21214

6009 Harford Rd., Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 30M 2/80 (VRA 15, 4)

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should be detached far use as the burial-transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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	REGISTRAR				CEKITIF	ICATE OF DI	AIH	REG	NO.			
	CEASED NAME	FIRST		MIDDLE).	AST	3-1011	20 DATE OF DEATH	MONTH	DAY Y	'E AR	26 HOUR
(146	PE OR PRINT)	CHEYNE	Y	Haudn	А	RCHER	Claus.		6	30 18	82	6:00 A.
3. SE	X		RACE	Tite garage	5 DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER	I YEAR	IF UNDER 24 HRS
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la. B	COUNTRY)	FFOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 **** DD:5	D KNEVER M.	A BRUED	9 BALTIMORE CITY			TH	
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	gave rise to in cause (a), stat	ing the	DUE TO, O	R AS A CONSEQUI	ENCE OF			170 176	.)			
	underlying caus	se lost	(c)									
"	PART 2 OTHER SIC	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CO	NDITION (SIVEN IN PA	RT 1(a	1)
MEDICAL CERTIFICATION												
ICA	19a. DATE OF OPER	NOITA	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF Y	YES, WERE F TIFYING CA	INDIN	GS USED OF DEATH?
RTIF								YES NOX		YES 🗌		NO 🗆
G	OR CONTRIBUTING		11b. TIME O	FINJURY M. MONTH D	AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 1	B PART I OR PA	RT 2)	
CAI	(IF EITHER NOTIFY MED	DICAL EXAMINER)	P.,	Μ.	19				-			
WED	21d INJURY OCCUI		(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION	1	CITY OR	TOWN	COUN	HY	STATE
	AT WORK AT W	ORK										
	220.1 certify that (ottended the	e deceosed from_	82		19.82			19 82		that (1) (we) lost
-77		(did) (did nat) v		after death.	<u>02</u> , or	nd that in (my) (our) opinion d	leath occurred on the	date and h	our and frai	m the c	ouses stated
1	226. SIGNATURE	, 0	~			DEGREE	TENDING	MEDICAL	455	22€.	DATES	SIGNED
	forat!	han del	spin A	10.		PH	YSICIAN	MEDICAL ST	AFF SICIAN 🔀	600	4	30/82
	224 PHYSICIAN'S N	NAME (TYPE OR PR	HNT)			22e ADDRESS				10 1	1	
	JONAT	HAN DIS	SIN, M	.D.	115/57	GBMC	6701 N	. CHARLES	STREE	ET 212	04	
23a. I	BURIAL, CREMATION		23b. DATE			EMETERY OR CR	EMATORY	23d LOCATION	J. P. C.	COUNTY		STATE
	Burio	u	7-3-8	32 9	arkwo	od (em.		Balto.	M.	COUNTY		JIAIE
24 E	LINEDAL DIRECTOR						OF DATE	DECID BY DECICED	DIALL DEC	ICED ADIC CO	2111	10.0

John (. Miller Inc-6415 Belair Rd.-21206

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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STATE OF MARYLAND

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Eline Funeral Home, Hamps tead, Md.

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

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DHMH - 16 50M 1/81

(VRA 15, 4)

	DEPARTM	LENT OF H	OF MARYI EALTH AND ICATE OF	MENTAL HY	IENE 8	2 REG. N	1	4	2	6	8
,	MIDDLE	L	AST		20 DATE O	FDEATH		DAY	YEAR	2b HO	UR
]	P B.	AILEY			1313		06	22	82	11	Рм
. RACE		S. DATE O	F BIRTH		6. AGE IN	EARS LAST BIR	THDAY)		DER I YEAR		R 24 HR5
Wh	ite	nonth 11	15	1 7 T	64		YRS	MÖNTH	5 DAYS	HOURS	MIN.
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to.	Reister		YES 🗌	CITY LIMITS?	13e. STREET	7°Gly	ndon	Dri	Lve		
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PAR OR DATES)	212-05-0		Mrs.	Louise	O. Bai	ADDRE	SS	iste	ersto	wn,	Md.
BY. CAUSE (o)	fine far (a), (b), and	1.	(Cend	me	Az	res	1	BETWEEN	MATE INTE	PDEATH
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nditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CONI	DITION GI	VEN IN	PART 1:c	,	
196 CONDI	TION FOR WHICH (OPERATION	WAS PERF	ORMED	200 AUTO	DPSY?	IN CERT		RE FINDIN CAUSES		
21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c HOW II	NJURY OCCUR	RED (ENTERNA	TURE OF INJUR	RY IN ITEM 18	PART I O	R PART 2)		
21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATI			CITY OR TO	wN	C	OUNTY		STATE
6-	deceased from	22 one	d that in (my	, 19) (aur) apinian		ed on the do	ate and ha	. 19 ur ond		that (1) t	
view the body	otter death.									1	

Conditions, if ony, which (b)_ gave rise to immediate cause (a), stating DUE TO. underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 19a DATE OF OPERATION 19h_CON 210. ACCIDENT WAS UNDERLYING 21b. TIME HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLAC (AT HOME S NOT WHILE 220.1 certify that (1) (this hospital) attended saw the deceased alive an. above, (1) (and (did not) view the boo 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF Nevat Tirkman PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Burial June 25,82 24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME ITYPE OR PI

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

Male 70. BIRTHPLACE ISTATE OR FOREIGN

Balto. Md. TO CITY OR TOWN OF DEATH

Randallstown

14. FATHER'S NAME

Pius

YES, NO OR UNKNOWN)

Md.

3. SEX

EDWARD

SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES

18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY

Balto.

C . MIDDLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)_

Evergreen Memorial

Finksburg, Md.

21136

STATE

112 Chartley Drive, Reisterstown, Md.

23d. LOCATION

Eline Funeral Home Reisterstown, Md. 21136

23b. DATE

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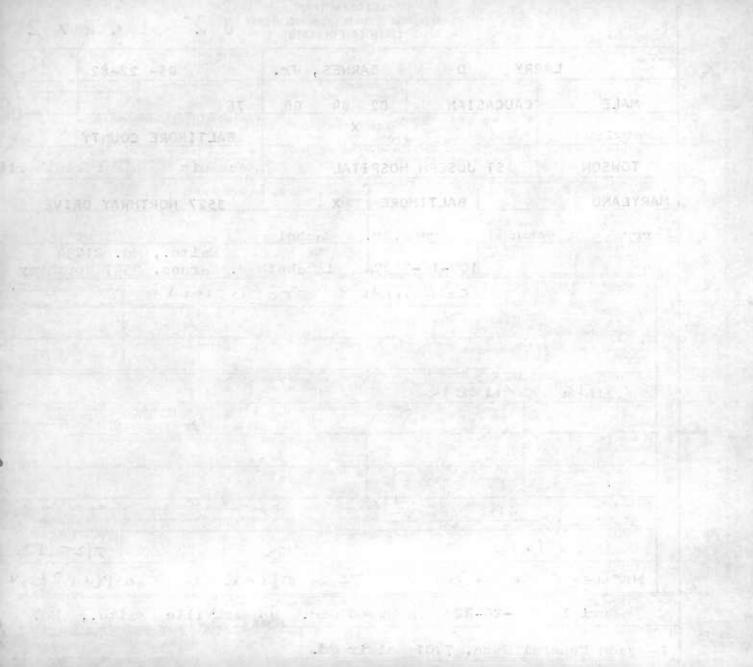
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME EIRST MIDDLE LAST 20 DATE OF DEATH MONTH 2b HOUR CTYPE OF PRINTS BLANDINA MOYER BALDWIN JUNE 12, 1982 000 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGF (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRN JAN. 29, 1903 HOURS FEMALE WHITE 79 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED PENNSYLVANIA USA BALTIMORE COUNTY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CATONSVILLE 7 RIDGE RD. NURSE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 7 RIDGE RD. 13d. INSIDE CITY LIMITS? BALTIMORE CATONSVILLE MD. NOK 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIDST MIDDLE MIDDLE Short THOMAS MOYER Stella 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO 214-22-0959 EUGENE F. BALDWIN 7 RIDGE RD. 21228 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line (b) a), (b) PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION а 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IFYES, WERE FINDINGS USED d INCERTIFYING CAUSES OF DEATH? Der NO Hygin 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YFAR MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 Me 21d INJURY OCCURRED 5 21e. PLACE OF INJURY I LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this haspital) attended this saw the deceased alive on above, (1) (we) which (did not) view the bi and that in (my) (earl) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 12c DATE * ATTENDING ! MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S WAME ITYPE OR PRINTS 22e. ADDRESS should be with the S MPORT 1303 FREDERICK RD. 21228 WILLIAM E. McGRATH 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY NEW CATHEDRAL CEM. BURIAL JUNE 16.1982 BALTIMORE MD. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

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20	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: BATTER DEATH WITH THE BATTIMORE, MARYLAND	23a.B	URIAL CREMATION RE	MOVAL 23b	DATE	23c. NA	ME OF CEMET	ERY OR CREM.		23d. LOCAT	ION	*	#		
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FOR	DEPARTMENT OF HEALTH AND

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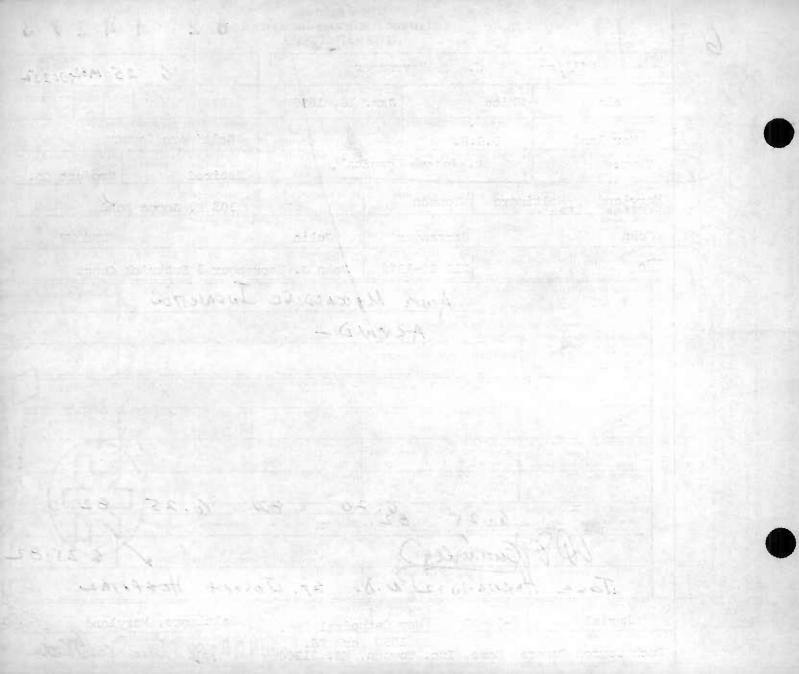
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1			nce before admission) OR TOWN 'SON	13d. INSIDE CITY LIMITS? YES NO X	305 E. J	oppa Ro	ad	
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	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 6-28-82		hedral Com	23d LOCATION Baltimor	e, Mary	Jand	STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

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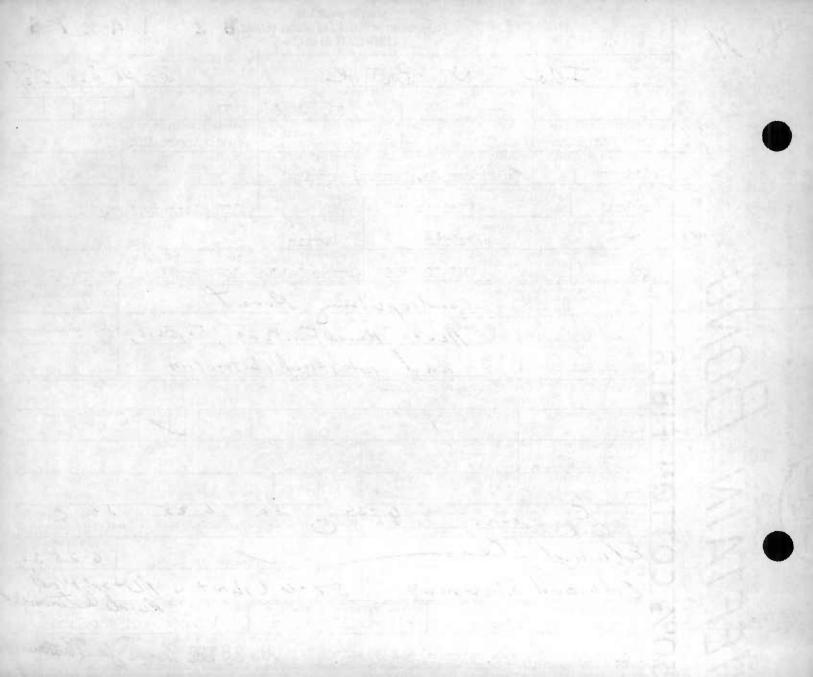
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204 8



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	DHMH - 16 50M 1/BI		UNERAL DIRECTOR		ADDRESS			a. DATE	REC'D. BY REGISTRAR 251 REGISTR	\ \ /. ~//	arthen	
	(VRA 15, 4)	W	m. C. March F	/H, Inc.	1101 E. N	orth	Ave.	JUN	28 1982 Prances	Jan 1	appoin	



DEPARTMENT OF HEALTH AND MENTAL HYGIENI STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN A MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-James 4 19 82 Jerome Beale 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 6:15A DATE LAST BIRTHDAY) PRONOUNCED DEAD 4 19 82 TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70"BIRTHPLACE MARRIED X NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Baltimore County. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS PM 3. RETAIN PA IND 2 SHOULD BE F EVITAL RECORDS. Essex Eastern Blvd. ACHINE Uterstor Food (on street) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES X Greenview Ave NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM.

10 FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL, TRANSIT PERMIT. PAGES 1, AND AFTER DEATH, WITH THE STATE OPPARTMENT OF HALLH AND MENTAL HYGIENE, DIVISION OF WITH A PAGEN AND MENTAL HYGIENE, DIVISION OF WITH A PAGEN A PAGEN OF WITH THE STATE OPPARTMENT OF HALLH AND MENTAL HYGIENE, DIVISION OF WITH A PAGEN A PAGEN A PAGEN OF WITH THE STATE OF WITH THE WITH THE STATE OF WITH THE WITH THE STATE OF WITH THE WITH THE STATE OF WITH THE STATE OF WITH THE 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PARTIDEATH WAS CAUSED BY MMEDIATE CAUSE (0) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL Subject shot CONTRIBUTING CAUSE OF DEATH B: 20XX 19 210 PLACE OF INJURY (ATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. AT WORK AT WORK Baltimore, Md. street 1629 Eastern Blvd., Essex, 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from Undetermined monner TITLE (SPECIFY 6/4/82 Deputy Chiefedical EXAMINER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto., MD. TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5)) 20M 4/B2

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4905 York Road Balto., Md. 21212

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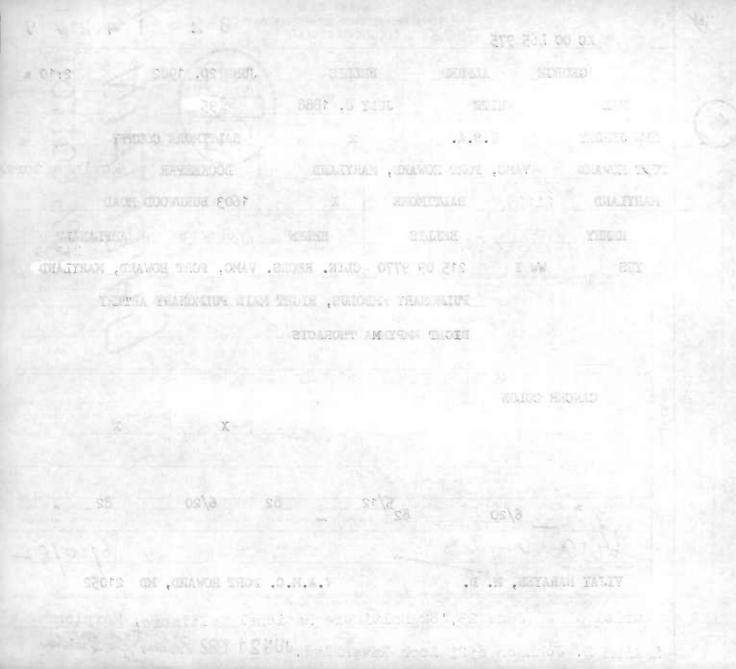
REGISTRAR

STATE OF MARYLAND ,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

O VAN DE TONG A SEE COMMISSION SERVICE OF THE PARTY OF TH emise . 17, 1/05 Fairtrood by tamel light and countries Keenan : or provide Lovie. I was sirely ered (A. B.G. : Armifold (B.B. A) Ots The state of the s Handy W. Jenkins & Lons Co. 4506 Youteleast Evilo., No. 141918

STATE OF MARYLAND

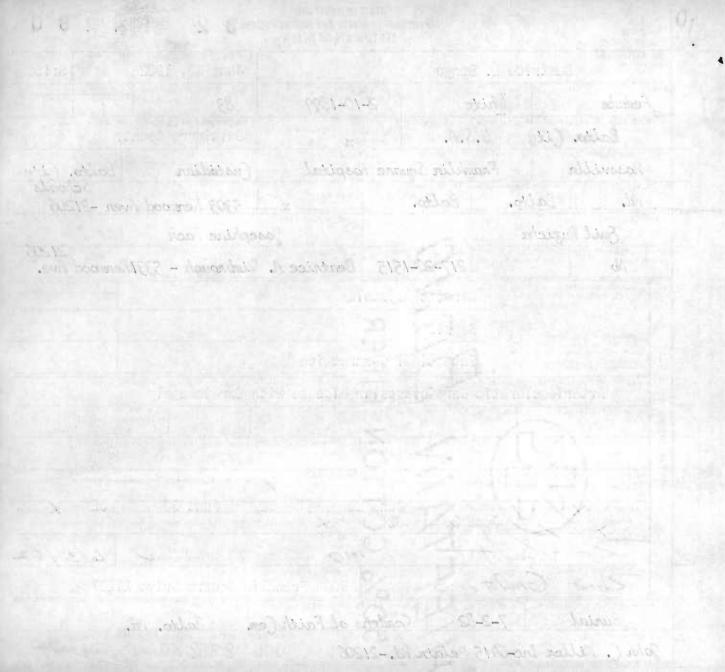


TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	2 REG. NO.	1	4	2	8	

							REG. 1			
		CEASED NAME FIRST	rice L. E	RANVO	LA	AST	June 30,		Y YEAR	26 HOUR 3:15a
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		Female	4 RACE Whit		S. DATE O	10-1899 YEAR	83		UNDER TYEAR	HOURS N
36	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Balto. City		S.A.	MARRIED WIDOWE	NEVER MARRIED DIVORCED	Baltimore city	OR COUNTY C		
57	10. CI	Rossville		HOSPITAL, NURSING		bspital	120 USUAL OCCUPA (100 E OF WORK FOR MOST USTACION	EION OF WORKING LIFE)	Balto	F BUSINESS
of 1875	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 BOU	ROTHER INSTITUTION	131. SITY OF TOWN		13d. INSIDE CITY LIMITS? YES NO 🛣	130. STREET ADDRESS 5303 Ken	wood Av		hools 206
exomine 3	14. F.A	Emil Ruzic	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ephine Mac		LAS	
medicol		VAS DECEASED EVER IN U.S. AF YES, NO ONNINOWN) (IF YES, GI	RMED FORCES?	217-26-15		Beatrice A.			enwood	2120 ! Ave.
ony injury, or other tro	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT Arteriosc	conditions co	ASACONSTOURN Intestinat ONTRIBUTING TO DE Cardiovas	cula:	NOT RELATED TO THE TERM r Disease Wit	NALDISEASE OR COM h Cardiome 280 AUTOPSY?	206. IF YES, 1	WERE FINDING CAUSES	
5	<u>u</u>									
Item 18 shows		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A./	M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURR	YES NO	YES URY IN ITEM 18. PAR	T 1 OR PART 2)	
orked or Item 18 shows	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	P./ 21e. PLACE C	M. MONTH DAY M. DE INJURY EET, FACTORY, OFFICE FAR	19 (M, ETC)	211. LOCATION STREET	ED (ENTER NATURE OF IN)	URY IN ITEM 18. PAR	COUNTY	OF DEATH?
21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a I certify that (this hosp sow the deceased always obove.)	ATH HOUR A./ R) P.A 21e. PLACE ((AT HOME, STR	M. MONTH DAY M. DF INJURY BET, FACTORY, OFFICE FARI deceosed from	IP M, ETC)	211. LOCATION	ED (ENTER NATURE OF IN) CITY OR 1 . to June	URY IN ITEM 18. PAR	county	OF DEATH? NO STATE that (we)
VI. If Item 21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK (this hosp sow the deceared allowed)	ATH HOUR A./ R) P.A 21e. PLACE ((AT HOME, STR	M. MONTH DAY M. DF INJURY BET, FACTORY, OFFICE FARI deceosed from	19 M, ETC.) June 2 32 , and	211. LOCATION STREET 19 82	ED (ENTER NATURE OF IN) CITY OR 1 . to June	OWN 15 M 16 PAR	county	of DEATH? NO
IMPORTANT; If Hem 21 is morked or Hem 18 shows		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a I certify that (this hosp sow the deceased always obove.)	AIH HOUR A./ R) P./ 21e. PLACE (AT HOME STR ital) aftended the body.	M. MONTH DAY M. DF INJURY BET, FACTORY, OFFICE FARI deceosed from	19 M, ETC.) June 2 32 , and	211. LOCATION STREET 28 19 82 d that in (our) opinion of DEGREE	CITY OR 1 . to	OWN 30 Joseph Grand Hour of Clan Chan Chan Chan Chan Chan Chan Chan Ch	o 82 ond from the c	of DEATH? NO



- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE A	2	

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J	REGISTRAR	ECEASED NAME PE OR PRINT! EX FAMAL ARACE FAMAL BIRTHPLACE (STATE OR FOREIGN COUNTRY) BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) BIRTHPLACE (STATE OR FOREIGN WIDOV CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OT IN SUCH FACILITY, GIVE STREET ADDRESS) ATOMS USE TO INTERPRET OF THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION BALTIMOTE FATHER'S NAME FIRST AND WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) INMEDIATE CONDITION INMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if ony, which gove rise to immediate cause (a), stating the underlying cause lost (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTHY MEDICAL EXAMINER) 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTION TO DEATH BL 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION 19c. CONTRIBUTING TO DEATH BL 21d. INJURY OCCURRED AT WORK AT WORK 21e PLACE OF INJURY (INTURY MEDICAL EXAMINER) 21a, TIME OF INJURY (INTURY OFFICE FARM, ETC.) AT WORK AT WORK 21a, TIME OF INJURY (INTURY OFFICE FARM, ETC.) 21b. TIME OF INJURY (INTURY OFFICE FARM, ETC.) 21c. PLACE OF INJURY (INTURY OFFICE FARM, ETC.)	CERTIFI	CATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST A	lma MIDDLE E1.	izabeth Bet	Setż Betż	20 DATE OF DEATH MONTH	7 82 12 45 A. M
	Female	1	S. DATE O	F BIRTH 1891	6 AGE (IN YEARS LAST BIRTHDAY) 90 YRS	IF UNDER I YEAR IF UNDER 24 HRS
,		76 CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY OR COUNT	Y OF DEATH
1		USA	WIDOWE	NEVER MARRIED DIVORCED D	Baltimore Coun	ity MD.
	O CITY OR TOWN OF DEATH			R OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
4	Catonsville	Summit Nurs	ing Home		Housewife	Own Home
1	Maryland -	NTY 13t. CITY O	RTOWN	YES NO	13e STREET ADDRESS 820 N. Chanel	
ļ	FIRST			15. MOTHER'S MAIDEN NAM		lkenstein
	(YES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	200000000000000000000000000000000000000	A. Eleanor 8	etz Same as #	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	ISEQUENCE OF		20a AUTOPSY? 20b. IF YE	IVEN IN PART I (a) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR			ES NO
	WHILE NOT WHILE		OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceosed olive or abave, (1) (we) (did) (did o	6/7	19 72 , one		to, to	that (I) (***) last our and from the causes stated
	James	E. Ro	we m	ALLENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/7/82
		E. RowE		22e ADDREGS	net Nursi	my Home
	23d BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	23b. DATE 6/9/82		METERY OR CREMATORY e Park Cemete	23d. LOCATION TY WOODLAWN	COUNTY Md STATE

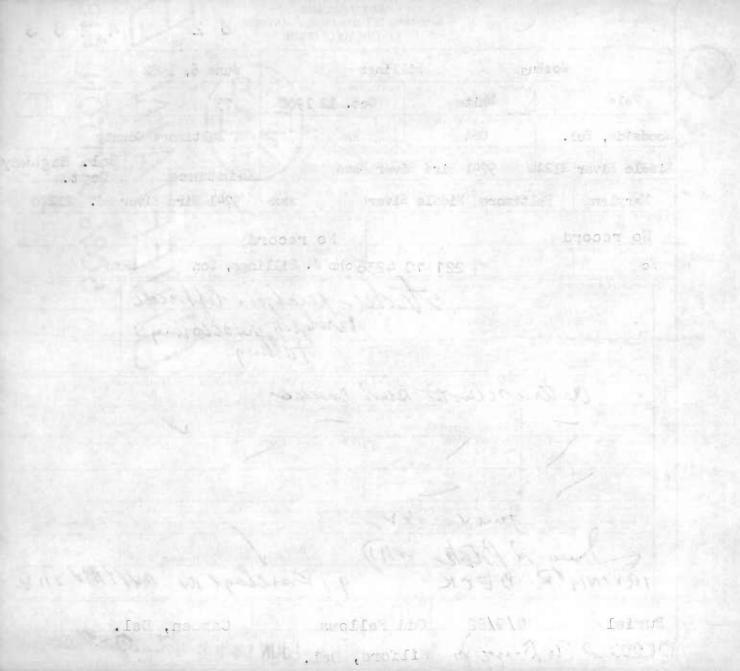
DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 6/9/82 Lorraine Park Control Prince Par

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	tot moville, Pa		1030 Edwards

STATE OF MARYLAND



STATE OF MARYLAND

#15.FilmG568 6/4/82 kam

Charles (Share () He would be to the world file H.KEIM KUNN MD and the same of the first of the same of t

	1 - FOR STATE REGISTRAR		ENT OF H	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 2	14	2	8 5
- 69	1. DECEASED NAME PRST	NE MAY	B	BOLLINGER		5 -2/ -	82	10 AM
•	Female 4 6	White	Oct.	27, DAY 1892 TEAR	6 AGE LINYEARS LAST BIRTH	MONT	NDER I YEAR	IF UNDER 04 HAS HOURS MIN
1	Balto. Co. Md.		WIDOWE	D NEVERMARRIED DIVORCED	Baltinore City or Baltin			MD.
L	Randallstown	NAME OF HOSPITAL, NURSING (IE NOT IN SUCH FACILITY GIVE STREET AD BALTO. Co. Get	n. Ho		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEWIF		26 KIND O NDUSTRY	F BUSINESS OR
5	ISD. STATE Md. IF NURSING HOME OR OTH BALTO.	13c CITY OR TOWN			7600 C1	ays Lan	e	
C	Adam	Debaugh		15. MOTHER'S MAIDEN NAM	Catherine	e G	ray	1
	160 WAS DECEASED EVER IN U.S. ARMET (YES, NO OR UNKNOWN) IF YES, GIVE WA			Mr. Kenneth I	ADDRES D. Bollinger		dalls	stown, Md.
	18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE COnditions, if only, which gave rise to immediate cause (a), stating the underlying cause last	1 /2 0-1	VAO NCE OF	cular ac	ceident		APPROXI BETWEEN C	MATE INTERVAL ONSE AND DEATH
	PART 2 OTHER SIGNIFICANT CON THE DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DITIONS CONTRIBUTING TO DE	bei	Tan Sion	284 AUTOP5Y7	20b. IF YES, WE	RE FINDIN	IGS USED
7	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21¢ HOW INJURY OCCURRE	YES NO	YES IN ITEM 18 PART I		OF DEATH?
1	OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIEY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FAR	19	211 LOCATION STREET	CITY OR TOW		COUNTY	STATE
	22a I certify that (I) (this hospital) sow the deceased alive on abave, (I) (we) (did) (did nat) vie 22b. SIGNATURE	6-4-108		ad that in (my) (our) opinion de	eath occurred on the date		from the	
	120. SIGNATURE			DEGREE			22r DATE	SIGNED

SOON CHUL

1 How G

23c. NAME OF CEMÉTERY OR CREMATORY
All Saints Cemetery

22ª ADDRESS

ATTENDING PHYSICIAN

Cocuty gavera

terstown; Md.

230 BURIAL, CREMATION, REMOVAL
(SPEC Burial)
24 FUNERAL DIRECTOR

Eline Funeral Home Reisterstown, Md. 21136

JUN 2.2 1982

MEDICAL STAFF DIRECTOR PHYSICIAN

Sen Warthen

BP

Formulae United Cot. 27, 1227 ES edito. do. iM. . US Paleisono County Indellatorm | Dolto. Co. Cot. Worst. | Concents M. Delto. Beltimore X 00 Clays Lane Volum Del Delvior Lary Cottleying Ower 211-22-2845 Mr. Meimeth T. Pollinger Emold Stowers Mr. the same that the same of the June 21,85 All Saints Constant & Maintenantonn, Mc. Line we are beinterstoon, w. 22336 | William or a line of the contract of the

136 E. Baltimore St.

21787

A PerPhone cn

REGISTRAR

I DECEASED NAME

24 FUNERAL DIRECTOR

Skiles Funeral Home, Taneytown, Md.

DHMH - 16 50M 1/81 (VRA 15. 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

25 HOUR

12b. KIND OF BUSINESS OR

IF UNDER LYFAR

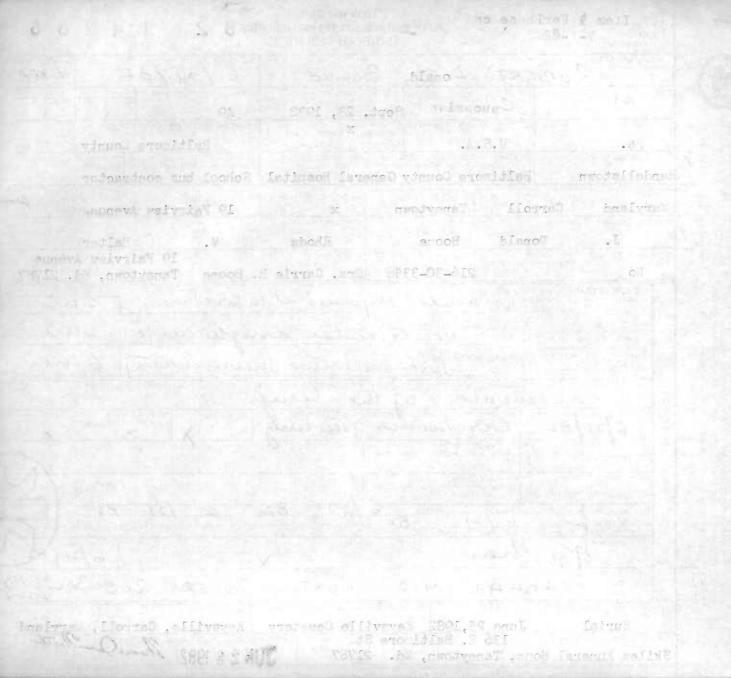
Halter

COUNTY

22c. DATE SIGNED

STATE

20. DATE OF DEATH



STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	

	REGISTRAR			CEKTIF	ICATE OF D	EAIN		REG. NO.		
	EASED NAME	FIRST	MIDDLE	l.	AST	0.5	2a DATE OF D		DAY YEAR	2b HOUR
		Henry	<i>C</i> .	BORCH	IARDT J	r.		June 1	9, 1982	7:05A
3. SEX	m	4	RACE	5. DATE C		YEAR	6 AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DATE	R IF UNDER 24 HRS
P. DID	, , ,		W.	MI	14 11	1876		86 YR		
a BIK	OUNTRY D	OR FOREIGN 76	CITIZEN OF WHAT COUNT	MARRIEI	NEVER M	ARRIED -		CITY OR COU		
-	Y OR TOWN OF	DEATH (11	I. NAME OF HOSPITAL, NU	WIDOWE		ORCED		ore Cou		M
CII	FSSA	Y	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	IL-C/	2	120 USUAL OC	CUPATION OR MOST OF WORKIN	GLIFE INDUSTRY	
	L RESIDENCE (IF I	IURSING HOME OF OT	HER INSTITUTION GIVE RESIDENCE B	SEFORE ADMISSIONS	HOSF		1 BEI	ISED	BE	1451.
13a S1	m D	136 COUNTY	LTO. 134 CITY OR I		13d. INSIDE CI	TY LIMITS?	13e STREET AD	DRESS RA	YCIDE	en
4 FAT	THER'S NAME					MAIDEN NAM	WE .) ///	13111	ND
1	HENRY	3 MED	BORCHA	ARDT 8	Ai	6V ST		MIDDLE		AST
	AS DECEASED EN			SECURITY NO.	17 INFORMAL	NT		ADDRESS		
	NO	(H FES ONE W	- 213-C	7-8537	TOSE	PHIN	E WA	LTER	A	BOVE
	18 CAUSE OF DE	ATH (Enter only of WAS CAUSED E	one couse per line for (a), (b						APPRO BETWEEN	XIMATE INTERVAL
	///	IMMEDIATE (Arrest	and My	ocardia	al Infar	ction		HE FITT!
	9/00 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which gave rise to immediate (b) arteriosclerotic cardiovascular disease									
	couse (o), st	oting the '	DUE TO, OR AS A CONSE	EQUENCE OF						
-			(c)							
Z			nditions <u>contributing</u>			TO THE TERMI	INAL DISEASE C	OR CONDITION	GIVEN IN PART 1	10
Į,	9a DATE OF OPE	RATION	196 CONDITION FOR WH			RMED	20a AUTOPS		YES, WERE FIND	
CERTIFICATION							YES 🗆 N	IN CEI	RTIFYING CAUSE	S OF DEATH?
ĕ	21a. ACCIDENT WAS		216 TIME OF INJURY HOUR A.M. MONTH	DAY VEAD	21c HOW INJ	JURY OCCURR		Α.	1B PART I OR PART 2)	
S	OR CONTRIBUTING [P.M.	19						
MEDICAL	21d INJURY OCC	JRRED	21e PLACE OF INJURY	SICE EARLY ETC.)	211 LOCATIO	N		ITY OR TOWN	COUNTY	STATE
	AT WORK AT	WHILE	i i i i i i i i i i i i i i i i i i i							
1			ottended the deceased fro		ie 8	19.82		June 19	. 19 82	, that $X^{(i)}$ (we) los
	sow the dece	osed alive on) (did) (d M V av v	June 19 1			(our) opinion d	death accurred a	on the date and	hour and from th	e couses stated
	22b. SIGNATURE	11/2	A	(DEGREE A'	TTENDING	MEDICAL _	STAFF	22c DAT	E SIGNED
-	1	NAME (TYPE OR PR			P	HYSICIAN [2/	17/82
J					22e ADDRESS		dela e			
1		h Richte						re Dr.,	2123/	
30 BL {51	PECIFO L. P.		1 1	23c NAME OF CI	9	4	23d LOCATIO		COUNTY	STATE
A FLO	BURIA DIRECTOR	16	6/22/82	UHIS	FAR	250 DATE	REC'D BY DEC	ISTRAPISE DEC	ISTRAR'S SIGNA	no.
1	romoll	11 _	4 27 ADDRE	SS MANO	00	11	IN OF A	000	ISTRAKS SIGNA	W. to
4	SIVIECE	4 1.1	1. 000	11/1		ال ا	UN 231	906 GA	new plan	- lawren

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINTI OF ESTI-DAMON BORCHERS 19 82 2d HOUR 3 SEX 4 RACE S. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) 7:44 PRONOUNCED Male White Feb. 16, 1963 19 DEAD D M 7b CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. DIVORCED Baltimore County 2, AND 3 TO THE FL. 3. RETAIN PAGE SHOULD BE FILED, ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK MOUNTED BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOSLOF WORKING LIFE Blue STRY Quarry Hereford Blue Diamond Quarry USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION 13d INSIDE CITY LIMITS? White Hall 17725 Big Falls Road, 21161 Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Mott GES 1, Borchers Delores MIDDLE Henry 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION 216-90-6529 No Mr. Henry J. Borchers, same as #13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral injury IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL DIVISION OF VITAL YES X NO [FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE UTHE STATE DEPARTMENT OF 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 6-25-Operator of motorcycle that lost control 1982 21e PLACE OF INJURY (AT HOME STREET, FACTORY FARM FTC) STATE Blue Mount WHILE AT WORK Blue Diamond Quarry Hereford Balto quarry 27a. I certify that I took charge of the remains described above, held an MARYLAND Accident X Undetermined manner TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) ACTUAL DATE SIGNED 6-26-82 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon, M.D. TYPE OR PRINT ADDRES 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery Harpursville, New York Burial 6-30-82 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1050 York Rd. **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND

22222.33

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR CTYPE OR PRINTI 10 Bowers 82 ndREN 06 Jacob 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER : YEAR IF UNDER 24 HRS MONTH DAY YEAR WHITE 1891 10 **№** BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Balto Baltimore Co. DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MANUR White's Distr CARE Carpenter JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS White Marsh 1.0845 Philadelphia Rd. Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Catherine Gerst Andrew Bowers 10845 PhiladelphiaRo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Mrs. E. Gertrude Bowers, White Marsh, Md.21 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) wb PART I. DEATH WAS CAUSED BY 25. Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20n AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO YES NO M 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET CITY OR TOWN STATE NOT WHILE 22a.1 certify that this haspital) attended the deceased from saw the deceased alive an 5Am and that in (arr) opinion death occurred an the date and hour and fram the causes stated obove, HT(we) (did) told not 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Parkville, Balto. 6-29-1.982 Parkwood Cemetery Burial DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-BOYE ENGENE DEATH MATED WILLARD 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY29 7.10 1924 LAST HONDAY MONTHS PRONOUNCED White Jan. Male DEAD 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Penna. Baltimore County WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS MEST CONTON HOS LIFE Middlesex Road Essex 21221 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NO 200624 Middlesex Rd. 13h. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 27227 Baltimore Essex 21221 Marvl and 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Murvin Elizabeth Howard Boyer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 6988 Boyer, Wife Same 182 16 Yes WWI Mae CAUSE OF DEATH (Enter only one cause per line for (a), (b), apd (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a) stating the under-SEQUENCE OF DUE TO, OR AS A C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B CERTIFICATION ARDED TO THE CHIEF A GE 3 SHOULD BE USED A TE DEPARTMENT OF HE 201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 1968 YES NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION TO MEDICAL EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK AT WORK Inspection 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian death resulted fram Hamicide Undetermined manner Natural cause TITLE (SPECIFY SIGNED HLUWALIN EXAMINER'S NAME 23a BURIAL CREMATION REMOVAL 214 DATE STATE Moreland Memorial Baltimore BP **DHMH - 17** PA 1407 Old Eastern (VR A15 ME (5)) 15M 2/80

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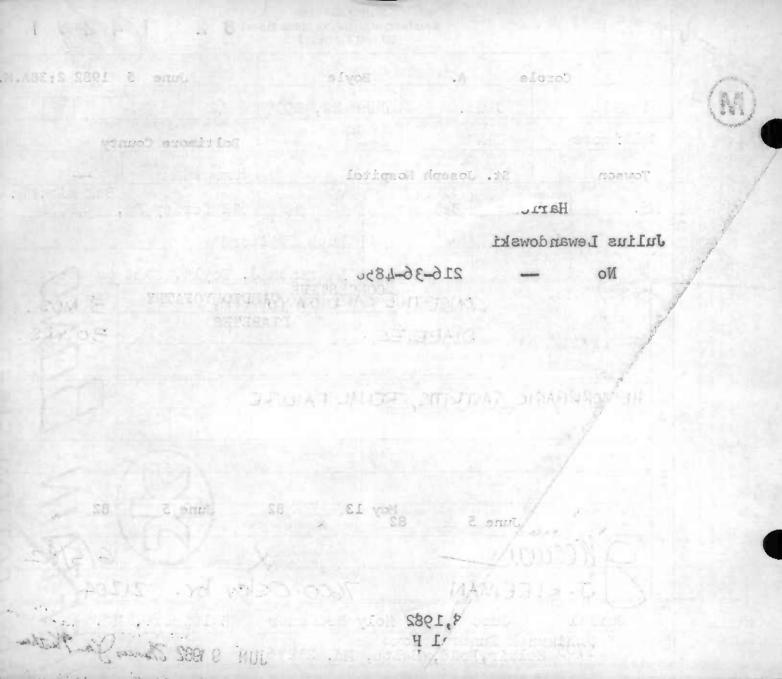
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST		WIDDLE	l.	AST	20 DATE OF DEATH	MONTH 0	Y YEAR	26 HOUR
			Carol	е	A.	E	Boyle	Ji	me 5	1982	2:38A.1
	3. SEX	X	- 4	RACE		5. DATE C		6 AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
		Female		Cau	c.	Jur	ie 22, 1939	42	YRS	DAYS	HOURS MIN.
0		RTHPLACE (STATE O		CITIZEN OF	WHAT COUNTRY	? 8	XXNEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
1	В	altimore	9	USA		WIDOWE		Baltimo	re Cou	nty	MD.
1	10. CI	ITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
X		Towson			Joseph I		al	homemak	er	INDUSTRY	
-	USUA 13a S	AL RESIDENCE (HE NU	RUNG HOME OF O	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)				Rel	Air, MD.
5		id.	Harf		Bel A:	ir	13d INSIDE CITY LIMITS?	612 Dors	ev Rd		1014
-		THER'S NAME				4, 4	15. MOTHER'S MAIDEN NA		Cy ILO	, ~	1014
1) Ta	ilius Le	And the second	oole rolei	LAST		Ruth Clif	of and		LAST	
-		VAS DECEASED EVE	wan do		16b SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
>	(1	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216 2	6 100	d T	T D3 -			h
		No		-			B Lawrence	1. BOATE	same		
		PART I. DEATH	TH Enter only WAS CAUSED	BY:	line for (o), (b) o	nd CO	NGESTIBE	ROTOWYOPA	THY	- A	MATE INTERVAL DISET AND DEATH
		201	MMEDIATE		ONGEST	IVL C	MADIONELOI			31	wos.
		0000		DUE TO, O	R AS A CONSEOL	JENCE OF	DIA	BETES		20	MADE
		Conditions, if on gove rise to in	y, which	(b)_	DIABL	15				130	4K2.
		couse (b), stot	ing the	DUE TO, O	R AS A CONSEOU	JENCE OF					
		underlying cous	se lost	((c)_							
	. 1	PART 2 OTHER SIC	SNIFICANT	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	31
	CERTIFICATION	HEMORY	retagi	C (IAS	TRITIS,	REL	UL PAILUR	6			
3	S	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
	E							YES NO	YES		NO [
	E E	71a. ACCIDENT WAS U		216. TIME C	FINJURY M. MONTH [NAV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 PAR	T I OR PART 2)	
1	AI	OR CONTRIBUTING		,	M. MONTH L	19					
	MEDICAL	21d. INJURY OCCUI		21e PLACE	OF INJURY		211 LOCATION				
	×	WHILE NOT V	ORK	(AT HOME STI	REET FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that) ottended th	e deceased from	May	13 10 82	to June	5	82	that 💥 (we) lost
		sow the deceo	sed olive on_	June	5 19	00	nd that in (💥 (our) opinion		,		
Н	1100	obove, * (we)	(did) MN No.	view the body	ofter deoth.		DEGREE				SIGNED
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_		774 PLANTS N	TAME INTOR	RINT			22e ADDRESS	DIRECTOR PHYSI	CIAN	101-	7/4-
		/ 17	VII	= INA	114		7/00 00	slear Ar	71	700	
_	22	10	· KH	LUVU	PIT		11000.03	ZION NA	- 4	LUT	
	730. B	BURD HATION SPECIFY) Buria	, REMOVAL	23b. DATE			y Redeemer	Baltin	nore	*PKTNT	STATE
		Durta		June	0,100	~ HOT	y medeemer.	Darel	TOTE,	Mr.	2

24 FUNERAL DIRECTS Chimunek Funeral Home 750. DATE RECT

DHMH - 16 50M 1/BI (VRA 15, 4)

TO FUNERAL DIRECTOR



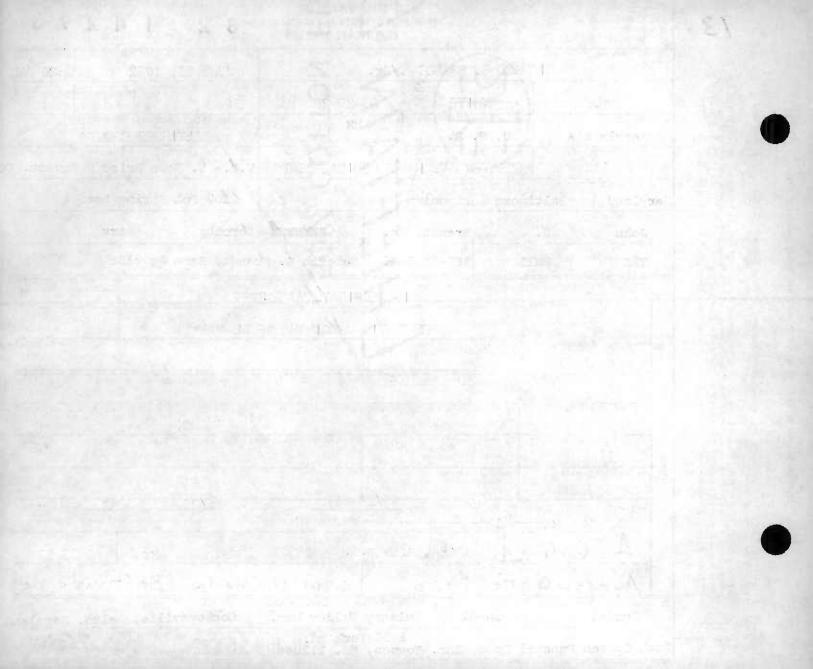
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Frances Brandau DEATH MATED N. 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE 71 YRS. PRONOUNCEL Feb. 17, 1911 Female White DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEAT Maryland MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWED . DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

1205 Boyce Avenue FOR MOST OF WORKING LIFE)
Homemaker Towson 3. RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1205 Boyce Ave. 21204 Maryland NO TX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank Bertha MIDDLE Greinisen WITH FORM PM Nixdorff 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 215-32-8125 Mr. A. Gordon Brandau, same as #13e 18 CAUSE OF DEATH (Enter only one cause per line (a), (b), and (PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE ONSEQUENCE O **TRANSIT** Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO. NSEQUENCE OF lying cause last BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEADWOUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ED AS A L CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [ARDED TO THE CHACE 3 SHOULD BE UNTER DEPARTMENT CO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, FTC.3 CITY OR TOWN COUNTY PAGE 4 SHOULD BE FOR TO FUNEXAL DIRECTOR: AFTER DEATH, WITH THE S 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinian Natural couses. Undetermined monner EXAMINER'S NAME Charles F. O'Donnell 7501 York Rd. (TYPE OR PRINT) **ADDRESS** 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation 6-29-82 Loudon Park Crematory Baltimore, Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTR. 1050 York Rd. **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5)) 15M 2/80

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3	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	4 2 9 3
		CEASED NAME FIRST		WIOOFE	1	AST	20. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
	(1111	RIC	CHARD B	. BRANDT	,/Sr.		JUNE 23, 1982	8:20 AN
	3. SE		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
4		MALE	WH	HITE	03	3-25-28 YEAR	54 YRS.	DATS HOURS MIN.
1	7a 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	Pe	ennaylvania	U. S	. A.	WIDOWE		BALTIMORE	COUNTY
7	10. C	TOWCOM				OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
6		TOWSON				EDICAL CENTER	V.P T. Rowe Pr	ice - Invest.
5	130.5	AL RESIDENCE (IF NURSING HOME OF STATE 13% COULT Balt		GIVE RESIDENCE BEFOR 13t. CITY OR TOW Timonium	/N	134. INSIDE CITY LIMITS?	13e. SIREEI ADDRESS 2207 Pot Sprin	g Road
3	14. FA	John H.	WIOOFE	Brandt,	Sr.	15. MOTHER'S MAIDEN NA	_ MIOOLE	arr LAST
1	16a. V	VAS DECEASED EVER IN U.S. AF		16b. SOCIAL SECU		17. INFORMANT	ADDRESS	2
		YES WW	MAR OR DATES	169-20-5	449	Deboran C. B	randt, Same As #1	3e
	-	18 CAUSE OF DEATH Enter of	nly one couse pe	er line far (a), (b), ar	id (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE		CARD	10-RES	SPIRATORY ARE	REST	
		1001	DUE TO, C	DR AS A CONSEQU	ENCE OF.			
		Conditions, if any, which	((b)_	META:	STATIC	CARCINOMA OF	BLADDER	
		gave rise to immediate cause (a), stating the	DUE TO, C	OR AS A CONSEQU	ENCE OF			
		underlying cause lost.	(c)_					
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1:0
5	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED 'ING CAUSES OF DEATH?
~	RTI	210. ACCIDENT WAS UNDERLYING	7 70 70 6	25 10 10 10 10		11 110111111111111111111111111111111111	YES NO XX YES	
9		OR CONTRIBUTING CAUSE OF DE		.M. MONTH D	AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19			
	MEL	21d INJURY OCCURRED		OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK			5/2	10 82	6/23	-00
		220. I certify that (I) (this hosp	6 00		2	, 19	death occurred on the date and hour	9_82, that (I) (%e) los
		sow the decrosed alive or above, (I) (we) (did) (and in	of) view thisbady	after death.				
		22b. SUNATURE	1	.0.	-	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
		et line	1	- CAN		PHYSICIAN [DIRECTOR PHYSICIAN	6-23-82
1		Andrew G	~	inberg		6701 N-	Charles - Bal	trimore my
	23a E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	COUNTY
		Burial	6-26-			Valley Mem.	Cockeysville,	Balto. Maryla
	24 FL	INERAL DIRECTOR		ADORES	1050	York Rd. 250 PAT	N 25 1982 Cares	NO.S. SIGNATURE
	Ru	ck Towson Funer	al Home	, Inc. To	wson,	Md. 21204JU	N 20 1982 Carres	Jan Jane

STATE OF MARYLAND



6500 York Rd.

(VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

STATE OF MARYLAND

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1050 York Road

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15.4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

IF UNDER I YEAR

Fosler

COUNTY

22c. DATE SIGNED

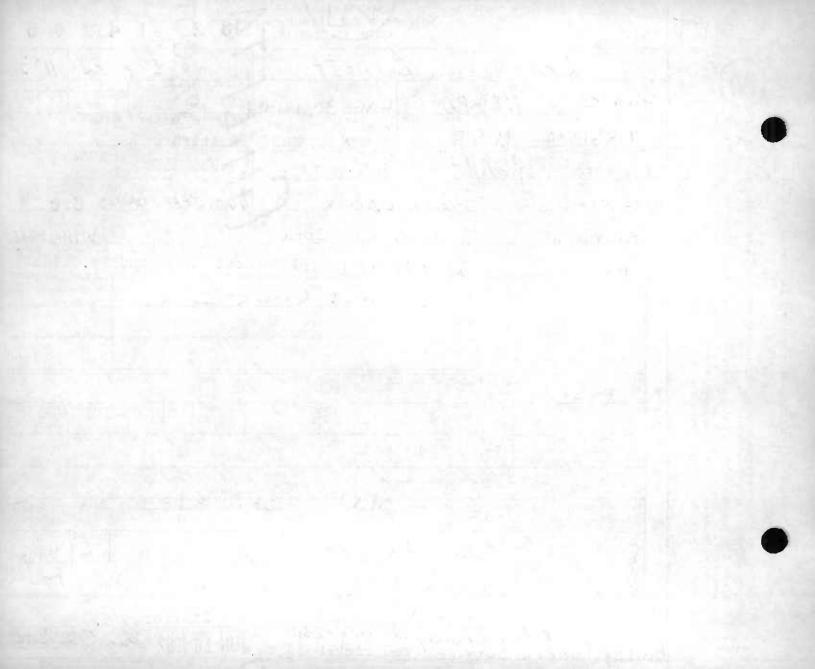
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MIDDLE

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REGISTRAR

230. BURIAL, CREMATION, REMOVAL

Burial

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

CERTIFICATE OF DEATH

Moreland Memorial

BP DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Jun 19 1982

23b. DATE

JUN 18 982

COUNTY

22c DATE SIGNED

6-17-82

7620 YORK ROAD TOWSON MD 21204 23¢ NAME OF CEMETERY OR CREMATORY

REG NO

MSNIM 7-1872

IF LINDER 1 VEAR DAYS

INDUSTRY Baltimore City

Cautsch

12b. KIND OF BUSINESS OR

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20. DATE OF DEATH

23d. LOCATION Baltimore Maryland

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2.

2b. HOUR

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22c DATE SIGNED

INDUSTRY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) , and that in 🙀 (our) apinion death occurred on the date and hour and from the causes stated HOUSE DIRECTOR PHYSICIAN 9000 Franklin Square Dr., 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

		- Communication Communication		
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H /		JOANN		LYNN		ARPER	DEATH M	ATED X 6	26 19 82	
3. SE	EX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS IF U	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCE	MONTH ED	H DAY YEAR	2d HO
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	laletho	/	LIF NOT IN SUCH	FACILITY, GIVE STREE	T ADDRESSI	HER HASHIOTION	FOR MOST OF WORKIN	IG LIFE]	or indust	RY
USU	JAL RESIDENCE STATE	(IF IN NURSING HOME O	ROTHER INSTITUTION.		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	IJe STREET ADDRESS		1110 001	
	arylian	d Balt	imore		thorpe	YES NO			n Blvd.	
_	FATHER'S NAME		WIDDIE	LAST		IS. MOTHER'S MAIDE			LAST	
	Claren	ce I	rving		rton	Floren			Grimes	
		DEVER IN U.S. ARA	AED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT		Poole		
	No	no		216-8	2-8876	Florence	Gilmore		inster.	Md
	18 CAUSE C	F DEATH (Enter onl	y ane cause per li	ne for (o), (b), or	nd (c).)	-			APPROXIMAT BETWEEN ONSE	E INTERVAL
	PARTIDE	ATH WAS CAUSED		None	otiem in	Day of the same			BETWEET ON SE	I AND DEA
-	130	44 IMMEDIAL	E CAUSE (o)	R AS A CONSE		volving met	hadone			
	Conditio	ns, if ony, which								
		se to immediate	(b)							-
	lying cou	stating the <u>under-</u> use last.	DUE TO, O	R AS A CONSE	QUENCE OF					
			(c)							
z	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (s)			776
ATION	PART 2 OTNER SI	GNIFICANT CONDITIONS				SE OR CONDITION GIVEN IN PAI	RT 1 (a)		20 AUTOPSY	?
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A CERTIFICATION	PART 2 OTHER SI	OPERATION AL CAUSE WAS	19b CONE	DITION FOR WH	ICH OPERATION V			Y IN ITEM 18 PART 1 OR	YES 🛣	
NCAL CERTIFICATION	PART 2 OTHER SI	OPERATION AL CAUSE WAS OR NG CAUSE OF D	21b TIME (HOUR A.DEATH P.	DITION FOR WH DE INJURY M. MONTH DA	AY YEAR	WAS PERFORMED?		Y IN ITEM 18 PART 1 OR	YES 🛣	
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THE HALL Fernic inite 3 2 60 22 .A.B.W honforest Ledon' zaerd Law Hall ethorne Avid and shinds 220 was a soundeles atomities bungers, 191 Flowers Gabrill Windows Senet, JB 58 191 Carl from I will have been the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

K	FOR STATE REGISTRAR				IEALTH AND MENTAL HYG	GIENE 8 2	NO.	4 3	0 0
	CEASED NAME FIRST Oda	S.	Cas		AST	June 4		Y YEAR	76 HOUR 10 A
3. SE	x Female	4. RACE White			14, DA 1894 EAR	6 AGE (IN YEARS LAST)		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
9	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF		MARRIE VIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Balt	OR COUNTY C		MD
Ra	indallstown	Randal	1stown Nur	sin	ROTHER INSTITUTION Home	12a. USUAL OCCUPA (TVN OF WORK FOR MOS			eal Co.
13a. S	ma Fred		GIVE RESIDENCE BEFORE ADI	MISSION)	13d INSIDE CITY LIMITS? YES NO [136. STREET ADDRESS 13346 To		1 217	88
	William G.				Camille	Berry		tAS	я
(WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	215 40 17		17. INFORMANT Clifferd A.	Case	RESS SAI	ne	
7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	R AS A CONSEQUENCE	E OF	*				
NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 1	D'
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDIN NG CAUSES	OF DEATH?
	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	7111	M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE C	DE INJURY EET, FACTORY, OFFICE, FARM	ETC)	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE
	220.1 certify that (1) (this haspi sow the deceased alive on above, (1) (we) (did) (did no	0	1118 4	or	nd that in (my) (our) opinion o	, to	dote and hour o		that (I) (we) last couses stated
	27b. SIGNATURE	ulp	nea	1	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	27c DATE	SIGNED 4(72
	27d. PHYSICIAN'S NAME ITYPE O	Wilfson			3502 Reger	s Avenue	Bal	timere	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

the buriol-tronsit permit. Then p ond Mentol Hygiene prior to bur 18 shows a

should be detoched for use os with the Stote Dept. of Health TO FUNERAL DIRECTOR

MPORTANT: If Item

6/7/82

236 DATE

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
WOODLAWN

COUNTY

STATE

730 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Woodlawn Cemetery 24 FUNERAL DIRECTOR
Burgee Funeral Home 3631 Falls Rd. 21211

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o 215 40 1914 Clifford . care ease
Tr. Dan Hilson 2502 norser Avenue Ealtimore, vol.

		REGISTRAR				CERTI	FICATE OF DEATH	1	REG. N	٧٥.		
40		PECEASED NAME	FIRST	11.5	MIDDLE		LAST	20	DATE OF DEATH		DAY YEAR	26 HOUR
(24)	1		John		F.		lause		June 20.	1982		M
	3.5	Male	1	RACE	t _o		of BIRTH y 20,1895 YEA	AR 6	AGE (IN YEARS LAST B	RTHDAY}	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
Pod Pod	70.	BIRTHPLACE (STATE OF	FOREIGN 76.		WHAT COUNTR	Y? 8	D NEVER MARRIE	9	BALTIMORE CITY		Y OF DEATH	
de tra	2	Pa. CITY OR TOWN OF DE	4711	USA	9	WIDOW	ED DIVORCE	D	Baltimo			MD.
or offer the field with	0	Baltimore		Valle	CH FACILITY, GIVE STRI	n & Co	or other institution		Ret. G		IFE) 126 KIND (OF BUSINESS OR
AND 2	5 M	UAL RESIDENCE (IF NUR STATE anyland	136 COUNTY	to.	GIVE RESIDENCE BEF		13d. INSIDE CITY LIMI YES NO X	ITS? 13e	STREET ADDRESS	lside	Terrace	Balto.
BALTIMORE, MARYLAND 2120 cole line executed within 24 hours ystom and completely filled in by pper. Poggs condition to be fill vol. t, the medicularity colority.	30	FATHER'S NAME FIRST Unknown	-	DDLE	Clause		15. MOTHER'S MAIDE	ENNAME	Unknown		LA	
In and c	/ 160	(YES. NO OR JINKNOWN)		D FORCES?		-2368	17 INFORMANT		ADDR	ESS		
icate icate hysicat poper pool.		18 CAUSE OF DEAT PART I, DEATH V	TH (Enter only o	ane cause per	ne for (a), (b),	and term	r. C	. 1	4 X	W. W. S. H.	MUNICH	MARTE SUTERVAL ORGET AND DEATH
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se that se that se that se please priot, cr		PARI 2 OTHER SIG	2	IE)_	ONTRIBUTING T	DE ATH BUT	NOT BELLETED TO THE		. Discuss on co.		1 7 1	
equire equire n sign Then r to be	N O	Derish	rul 1	ascu	ON D	reas	NOT RELATED TO THE	ETERMINA	IL DISEASE OR COM	ADILION GE	VEN IN PART 1	a'
NG PHYSICIAN. The law require offer this certificate has been sign os the buriol-fronsit permit. Then hand Mental Hygiene prior to barked or them 18 shows any injury or the last shows any in	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDII FYING CAUSES ES	NGS USED OF DEATH?
SICIAN: The ng physicia certificate h ricol-tronsit entol Hygies them 18 sho		210 ACCIDENT WAS UN		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY O					
TYSICIA ding pl is certif buriol-t Mentol	MEDICAL	LIFEITHER NOTIFY MED	ICAL EXAMINER)	P.i		19	21f. LOCATION		2		100	
US PH 1G PH onteno ter this s the b s the b	ME		HILE 🗍		REET, FACTORY, OFFICE	FARM, ETC.)	STREET		CITY OR TO	NWC	COUNTY	STATE
SR: Af		22a.l certify that (I		attended the	e deceased from	0-1	Vir- 19_	81	to_6-20		182.	that (I) (we) lost
RECTO ed for pt. of em 21		saw the deceos abave, (I) (wa).	ed alive on	new the bady	after death.		nd that in (my) (aux) op DEGREE	pinion deat	h occurred on the c	late and hou		
At OR AL Difference of Defense of Tr. If In		Marin	C.K	rise	leules	MI	ATTENDI PHYSICI		NEDICAL STA		220 DATE	2-82
O HOSPITAL etoined by th TO FUNERAL should be dete	7	22d PHYSICIAN'S N	AME (TYPE OR PR	HNT)	11 1		22e. ADDRESS			1	1	
TO HOSP retained TO FUNE should be with the	220	BURIAL, CREMATION	WAL	GUS	()	NAME OF A	8604	14/4	RFOR,	7	d:	
100 BP	230	(SPECIFY) Buri		236. DATE 2:		Dulane	EMETERY OR CREMAT	emt.	CITY OR TOWN	ou 1/-/	COUNTY	STATE
DHMH-16 50M 1/81	24	FUNERAL DIRECTOR				7)	VI 21225 M	a DATE RE	C'D. BY REGISTRAF		LEARS SIGNAT	TO. CO.IID
(VRA 15, 4)	1	McCully Fur	reral H	ome, 23	/ t. Pate	apsco.	Ave. Balto.	JUIN	4 1982 7	Cancle	Lan	RIJUN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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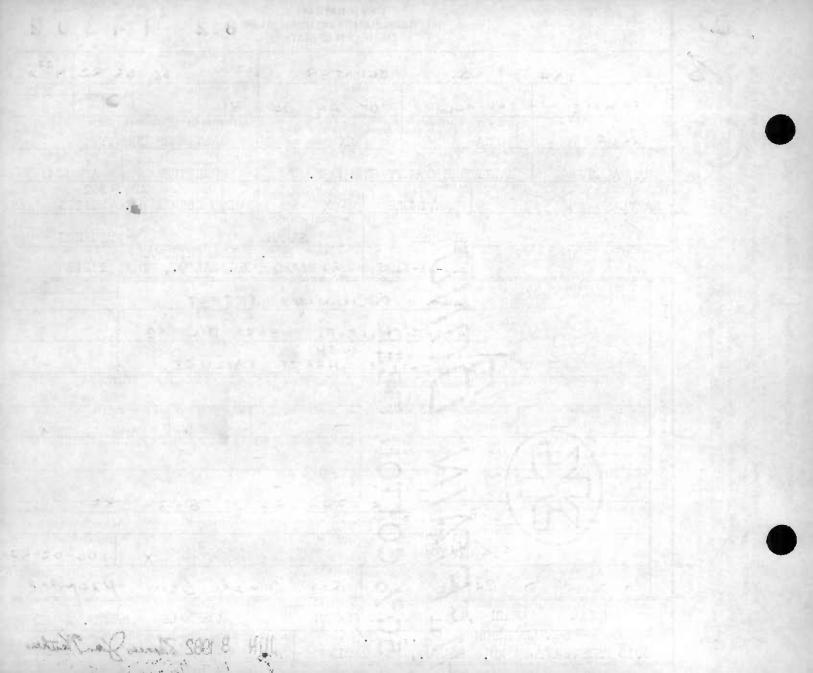
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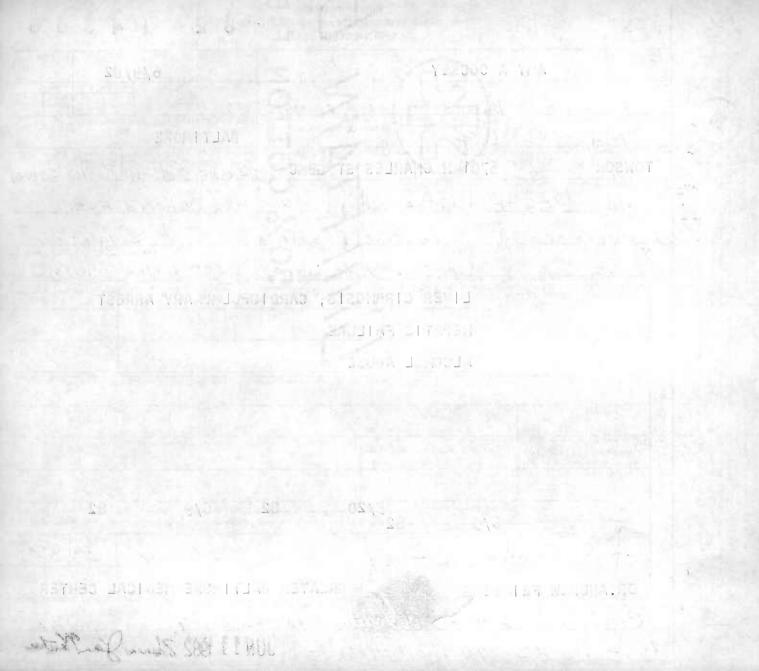
6010 REISTERSTOWN RD. BALTO., MD

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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E. Corte	0 /	-	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIALS		17 INFORMA	ANT	AD	DRESS		
MORI e exec Pages	nedical	_ 1	YES NO OR UNKNOWN)	I IF YES, GIVI	E WAR OR DATES)	240-1	2-7091	EQ.	44)0.20	Couloning	- 2	110 000	.1 1.1.7
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hysicoth sopo	ava		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on) AS CAUSEI	ly one couse pe D BY:				200			BETWEEN	NIMATE INTERVAL NONSET AND DEATH
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dec dec	raur	100	Conditions, if ony,		(b)_	Metasta	atic Ca	ccinoma					
the the	emo		gove rise to imm couse (a), statin	g the	DUE TO . O	R AS A CONSE	OUENCE OF						
that that	rotto		underlying couse	lost.	(c)_	400							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rettending physician. We be signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be file.	ta buri njury, a	NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART 1	10
w re	any	CERTIFICATION	190 DATE OF OPERAL	ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	20g AUTOPSY?	20b. IF	YES, WERE FIND	INGS LISED
e la n. has	ws o	문								VEC D VIOL	IN CEI	RTIFYING CAUSE	S OF DEATH?
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Phy phy tifice I-tro	18 G		OR CONTRIBUTING	-	110110	M. MONTH	DAY YEAR		JON / OCCOM	LED TENIER NATURE OF	INTORY IN HEM	IS PART ORPART 2)	
PHYSICIAN: ending physicians this certifica	Mental or Item	2	LIFEITHER NOTIFY MEDIC			.M.	19	100 100 1 TH	0.11				
VISIO G PH) offend er this	and A ked or	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗖		OF INJURY REE1 FACTORY OFF	ICE FARM ETC)	211 LOCATION STREET		CITY C	NWO1 90	COUNTY	STATE
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O HO etaine TO Fu Should	MPORTANT:		M. F	Day	is M.D.			9000	Frankl:	in Square	Drive	21237	
	3 \$		BURIAL, CREMATION,		23b. DATE		31 NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
BP.		3	BURIAL		6/10	182	GARDE	NOF	FAITH	CITY OR TOWN		BALTO	MD
DHMH - 16 50M	1/81		JNERAL DIRECTOR						25a. DAT	E REC'D. BY REGISTE	AR 25b. REC		TURE
(VRA 15, 4	4)	C	ONNELL	F	UNERA	L HOM	E OF]	WNDAL	KIND	V 1 c 1002	Am	· Quanti	anther.

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SCHENT SINGMAND AN	25,104,00	1001-10-05		30	

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤼

CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 2b. HOUR (TYPE OR PRINT) COMEGYS 6-22-82 MARIE SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR - 10 - 1905 Female White 76 BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE COUNTY DIVORCED WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON ST JOSEPH HOSPITAL Operator Western Union SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13e STREET ADDRESS Maryland Baltimore Timonium 207 E. Timonium Road, 21093 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Herman F. Knust Ellen Harris J. ADDRESS 17 INFORMANT IAL SOCIAL SECURITY NO 217-12-3469 No Mr. James W. Comegys . same as #13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: 10 Macenelmo DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX ACCIDENT WAS UNDERLYING 21h TIME OF INJURY C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 825-17 22a.1 certify that (X (this hospital) attended the deceased from_ __ and that in (n) (our) opinion death occurred an the date and hour and from the causes stated saw the deceased olive an 6-22 obove, (X(we) (did) (XXXI) view the body after death DEGREE ATTENDING PHYSICIAN PDIRECTOR Bothome OTENASEK 7620 YORK ROAD TOWSON MD 21204 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE

DHMH - 16 50M 1/81

MPORTANT:

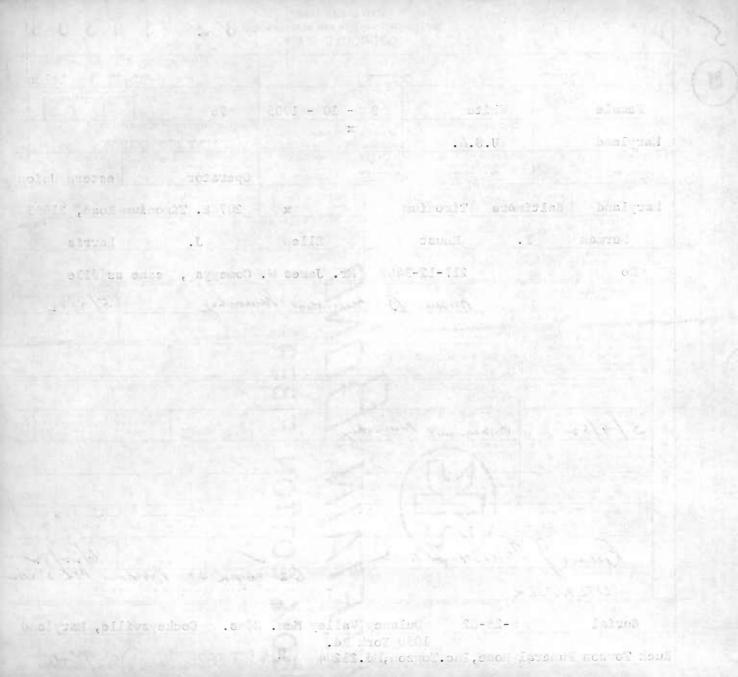
Buria1

24. FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

6-25-82

Dulaney Valley Mem. Gdns. Cockeysville, Maryland 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15.4)



DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR

1. DECEASED NAME

129 Warwick Drive, 21093 Mueller Mueller Mr. Vernon E. Cook, same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED N. CHARLES ST 21204 STATE Baltimore, Maryland 24 FUNERAL DIRECTOR 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIC Ruck Towson Funeral Home, Inc., Towson, Md. 21204

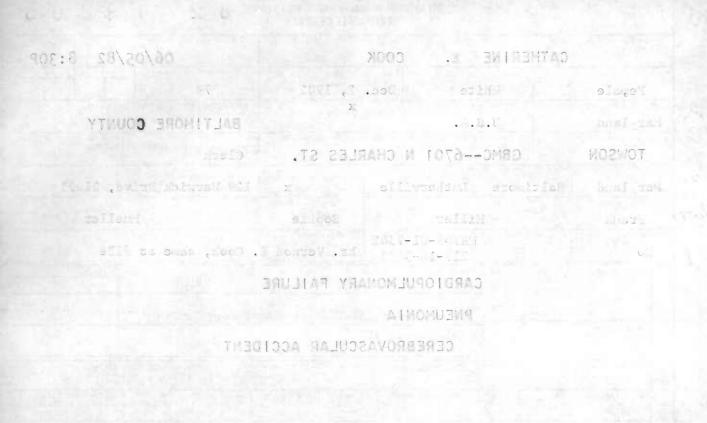
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

7h HOUR

20. DATE OF DEATH



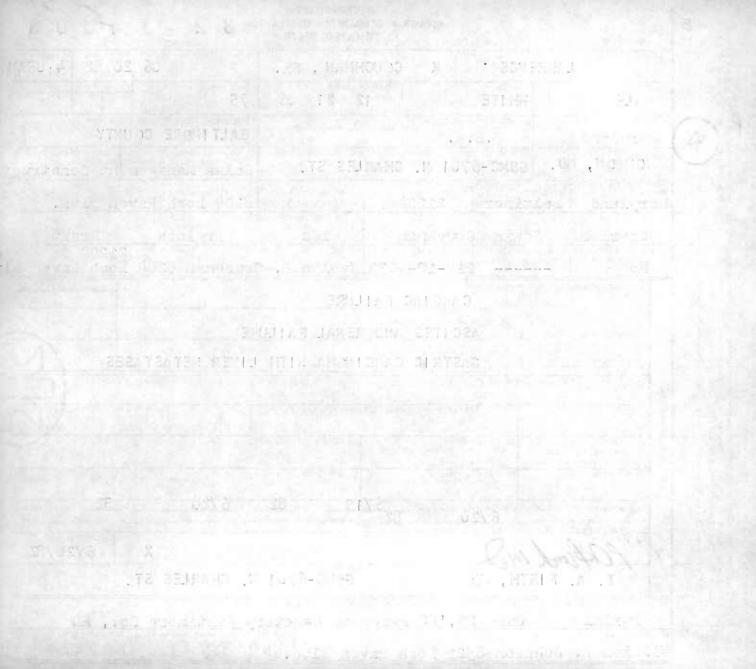
STEPHEN SIEGEL, MD GBMC--6701 N. CHARLES ST 21204

6/5/62 825/20/ 82 6/5 82

(VRA 15, 4) 1/79

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(VRA 15, 4)



DHMH-16 50M 1/8 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	Harry Norri	s Coulter	June 29, 1982	DAY YEAR 26 HOUR
1. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White	Jan. 19 1901 YEAR	81 YRS.	MONTHS DATS HOURS MIN
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Baltimore, Md.	USA	MARRIED CNEVER MARRIED WIDOWED DIVORCED	Baltimore Co	unty MD
Nottingham Villag	11. NAME OF HOSPITAL, NUR 21237 CHEAC 921 USTR	SING HOME OR OTHER INSTITUTION NOTTINGWOOD Rd.	TYPE OPTISTICATION	12b. KIND OF BUSINESS OR FOLL TRY Oil Co.
	OR OTHER INSTITUTION GIVE RESIDENCE BE INTY OR TO Notting	ham Village NOXXX		wood Rd. 21237
14 FATHER'S NAME FIRST Harry G. (MIDDLE LAST	15. MOTHER'S MAIDEN NAME FIRST Sarah	C. Norris	LAST
160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES, C	= 216 C	9 2002 Mae C. Coul	ter, Wife Sam	e
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if any, which	anly ane cause per line for (a), 1975 SED BY: ATE CAUSE (a) DUE TO, ORAS A COUSE	ond is well the Man	1 Disers	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	QUENCE OF	INAL DISEASE OR CONDITION GI	VEN IN PART Ital
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
NOT WHILE O	(AT HOME STREET, FACTORY, OFFIC	CE FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive of abave, (I) (we) (did) (did)	pital) attended the deceased from		, ta death accurred on the date and ha	ur and from the causes stated
27b. SIGNATURE	Lyde my		MEDICAL STAFF DIRECTOR PHYSICIAN	629/82
Robert Lyde		6402 Golde	n Ring Rd. Balti	more, Md. 21237
230. BURIAL, CREMATION, REMOVA		BE NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
Burial	7/2/82 I	Loudon Park Cemetery	Baltimore, Md	COUNTY STATE
71 FUN TO DIRECTOR	Bullen		E REC'D. BY REGISTRAR 256 REGIS	TRANS IGNATURY Then
Spuzdzinski Funer	ral Home PA 1407	Old Eastern Ave.	30 1982 Zasa	cas francis

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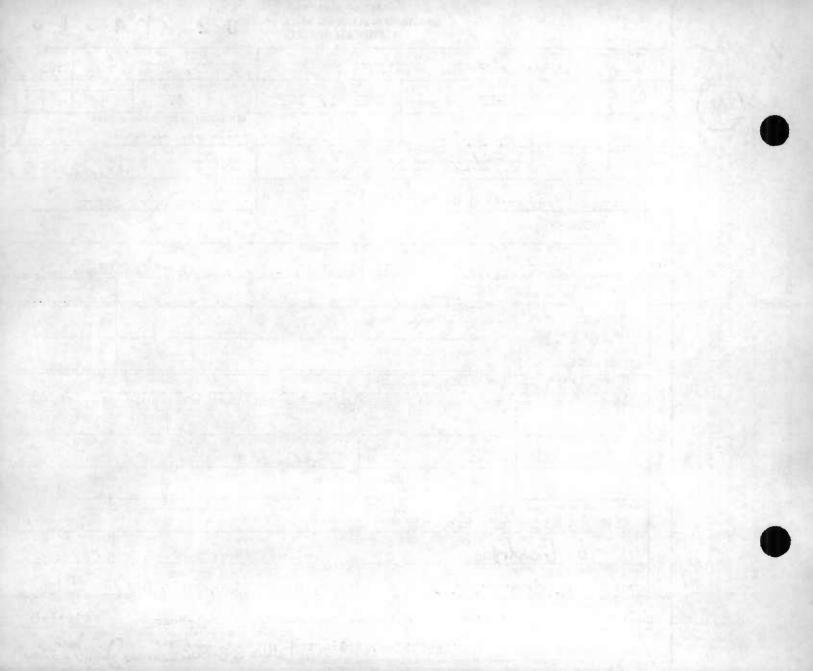
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME FIRST KNOWXX 2b HOUR (TYPE OR PRINT) OF ESTI-6-9-82 FLIZABETH 3 SEX 4. RACE DATE 3PMUR LAST BIRTHDAY) PRONOUNCED Female White Nov. 20,1903 78 YRS TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County USA WIDOWED X DIVORCED Tennessee MD 3. RETAIN PAGE 5 SHOULD BE FILED, N. RECORDS, 201 W 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Randallstown Baltimore Co. General Hospital Homemaker 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Catonsville 1000 Edmondson Ave. NO X YES [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST John Roger Atcheson Corrie Belle Woolard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 146 SOCIAL SECURITY NO 1305 The leside Ave. DIVISION No 215-28-6179 James R. Creamer Baltimore, Md. 21207 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute suppurative peritonitis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which rupture diverticulum gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURIAL, 6 NO . E 3 SHOULD BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY RWARDED TO THE REPAGE 3 SHOULD B STATE DEPARTMEN D, 21201 PRIOR TO B 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE SHOULD BE FORW
ERAL DIRECTOR: P
EATH, WITH THE ST
ORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted fram: Natural causes uicide Undetermined manner EXECUTE THE C PAGE 4 SHOU! TO FUNERAL D AFTER DEATH, BALLIMORE, M ACTUAL DATE 6-10-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23h DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial June 14,1982 Moreland Mem. Pk Parkville, Balto. BP 24 FUNERAL DIRECTOR 7.25a. DATE . 6500 York Rd. **DHMH - 17** (VR A15 ME (5)) Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 20M 4/82

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	2000	3 SEX	Male	White	5. DATE OF BIR	AV VEAD LAST BUT	THOAY) MONT	DER 1 YR. IF UND	DER 24 HRS. 2c. DA	JNCED	MONTH	DAY YEAR	2d HOUR 10:02
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	文工を書きてく				(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE WWORD) FOR MOST OF WORKING LIFE)						AL ALADORIE WE	Y ESS
	IF ANY DELAX AND 3 TO THE SHOULD BE FILE LECORDS, 22		Randall	HE IN NURSING HOME OF OTHER INSTITUTE		Co. Gen. Hosp. (DOA)		OOA)	Lab. Tech -Wash				
21201	ANY DEL AND 3 IC RETAIN HOULD BE RECORDS		TATE	134 CO	ltimore	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS	13e. STREET ADD	RESS		Cen	ter
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WD.	PM 3.	14. 6.	Johr		MIDDLE	Curtin		FIRST		MIDDLE	011-	LAST	
ORE	- OASSES	160 \			P. ARMED FORCES?	16b. SOCIAL SECU	IRITY NO	Kathe.	Point	J.	O.TO	ughlin	2
BALTIMORE	FTER DE FORM SES 1 A SION OF		ES, NO, OR UNKNO		IVE WAR OR DATES)	307-64-			Reisters Curtin,	TT_3	6 Day	eng nni	na
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	HOULD BE EXECUTED WITHIN 24 HOUR NRD "PENDING" IN PENCIL IN 1TEM 18. "HIEF MEDICAL EXAMINER ALONG W LUSED AS A BURIAL- TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE. D JRIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	SNIFICANT CONDITIE	ONS CONTRIBUTING TO DE	ATH RUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN	N PART 1 Io				
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3	L CAN	1 K	19a. DATE OF	OPERATION	196 CON	DITION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY	,
DIVISION OF VITAL	S CRTIFICATE SHOULD I RITING THE WORD "PER ROED TO THE CHIEF M E 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C	MEDICAL CERTIFICATION										YES X	NO 🗌
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NO	SET ARTA	3	UNDERLYING CONTRIBUTION	NG CAUSE C	OF DEATH	P.M. 19							
VIS	PRI PRI	VED	21d. INJURY C	CCURRED	STREET	CE OF INJURY (AT HOME		CATION	CITY OR	IOWN	COUN	ity	STATE
۵	E, WRITING RWARDED PAGE 3 SI STATE DEP.	2	AT WORK	NOT WHILE AT WORK									
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	L EXAMNER: IE CERTIFICATE, OULD BE FORM L DIRECTOR: H, WITH THE S' MARYLAND,		deoth results	ed fram: No	aturol couses X,	Accident .	Suicide	, Hamicide	. Undetermined	manner .			
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	NER TET		EXAMINER'S	NIMAE	/						44.1	04004	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND		(TYPE OR PRI	VT)	Ann M. Di				Penn St.,		, Md.	21201	
	PATORE -	23a. E		TION, REMOVA	L 23b DATE	,1982-Mor	CEMETERY C	OR CREMATORY	23d LOCATION	man	COUNT	Y M a 51	TATE
000	CBP	21.5				-	elano	remort	TE REC'D. BY REGIST	- 1 OU	uson,	MEL.	
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	(VR A15 ME (5)) 20M 4/82				E. Baltimore				N 1 4 1982	Marie	35	A STATE OF THE PARTY OF THE PAR	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE (- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTS FRANCES LAVERNA DePRIEST JUNE 9,1982 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR July 15.1908 YEAR Female. White 73 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA Baltimore County WIDOWED DIVORCED X ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS! Baltimore 225 Rodgers Forge Rd. Receptionist Wholesale USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Distributor 136 COUNTY 225 Rodgers Forge Rd. Apt. C 13d INSIDE CITY LIMITS? Baltimore Baltimore Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mary E. Fitzgerald David Robert DePriest 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIEYES GIVE WAR OF DATEST 198-18-1079 Miss Winifred M. DePriest S me APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for wa), (b), and PART I. DEATH WAS CAUSED BY. MyoeARDIAL INFARCTION IMMEDIATE CAUSE (o. Interioscleratic CARDIO, DISEASE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygien 18 shaw NO YES [NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from_ 110-5-22-19 82 and that in (my) (con) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ above, (1) (we) (did not) view the body after death 27b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b Sidney J. Venable, Jr. 7215 York Rd. Baltimore, Md. M.D. 21212 230 BURIAL CREMATION, REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION June 12,1982 Burial Alverton Cemetery Alverton, Westmoreland, 24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. DHMH - 16 50M 1/81 (VRA 15, 4) Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

1997, 1992 o ale unite unite ouly so the e silvania uur alti o e so t altione 225 sorces on e. ecctionist soles:le istricto aryland elti ore lti ore lti ore lti ore evi o ert e iest T, itzeal 12-12-17 iss ii = . e.ricst & e. Tendester amendant south south Fishers den he Children Muches yes 77.5 Jimey v. terale, ur. / 15 or c. altione, u. 1111 Mirial June 12,1972 lye to the etc. . lyrato, sachorelanda.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	000	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	2		
		CEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATI		MONIH	DAY YEAR	2b HOUR
	(TYPE	E OR PRINT)	DAVID		ELLIS	DERRIN	NG			6-2-8	32	6:00a _M
	3. SE.	X		4 RACE		5. DATE C		6 AGE	(IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	TELLIN	Cauc		10	- 4		82	YRS.	MONTHS DAYS	HOURS MIN,
ú		IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF V	WHAT COUNTRY	Y2 8		O PAITI	MORE CITY O		OFDEATH	
R		COUNTRY)		TT C			NEVER MARRIED	7 74	LTIMORI	7		
4	The second second	irginia	ATH	U.S	7 7	WIDOWE	DIVORCED DIVORCED		AL OCCUPATI			MD.
9	,, ,	M. 25.	AIII	(IF NOT IN SUCI	H FACILITY, GIVE STRE	ET ADDRESS)	OF OTHER INSTITUTION	(TYPE OF	WORK FOR MOST O	F WORKING LI	FE) INDUSTRY	F BUSINESS OR
2		TOWSON			SEPH HO		Marie Salar	Say	w Filer	•	Ven	eer Mill
1	USU, 130. S	AL RESIDENCE (IF NUF	13b COUN		GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS	2 112- 5705	ET ADDRESS		Title -	
9	M	arvland	Balt		Cockey		YES NO D		Sherw	and F	2029	
10		ATHER'S NAME	1 2020	•	COCKCY	BATTLE	15. MOTHER'S MAIDEN		DIICI W	004 1	coau	
	9	David		AIDDLE	LAST		FIRST		WIDDIE		LAS	1
0	14- 14	WAS DECEASED EVER	Sas		rring	CUBITULIO	Hettie	e	ADDRE		Ellis	3 3 6 3
1		YES_NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		ADDRE	55 Coc	keysvi	le, Md.
	_	Yes	WW:	I	329-09	-5871	Esther V.	Derr	ing, 23	34 Sh	erwood	Road
		Conditions, if any gave rise to im cause (a), stati underlying caus	mediate ng the e last	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQ	UENCE OF		t bl			0	mas
	CERTIFICATION	PART 2 OTHER SIG	Coron	nan 1	Mut	du	NOT RELATED TO THE TE	ERMINAL DISE	ASE OR CON	DITION GIV	EN IN PART 110	o'
2	CAT	190. DATE OF OPERA	TION	I CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
1	TIFI			15/11				YES [XON F		YING CAUSES	OF DEATH?
7		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A.M	M. MONTH	DAY YEAR	21¢ HOW INJURY OCC			1		
	MEDICAL	21d INJURY OCCUR		21e. PLACE C		19	211 LOCATION					
	ME	WHILE NOT W	HILE [EET, FACTORY, OFFICE	E, FARM, ETC)	STREET	1	CITY OR TO	WN	COUNTY	51 ATE
		22a 1 certify that X saw the decease above, (Bissue) (24 , 19 8 and that in (My) (our) apini	32, to ion death occi	6-2 urred on the do	ote and hou		that (X (we) last causes stated
		22b. SIGNATURE	1	1 11	/		PEGREE	-17-1		T TOP	22c DATE	SIGNED
		1	rank	NIC	ople	w/	NO ATTENDING		AL STAF		6-2-	0.0
7		and bulleting to	1115				THORNA	- El ameci			10-2-	-07

should be detached far use as the burial-transit permit. The with the State Dept. af Health and Mental Hygiene priar ta

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

KS. KAPLAN

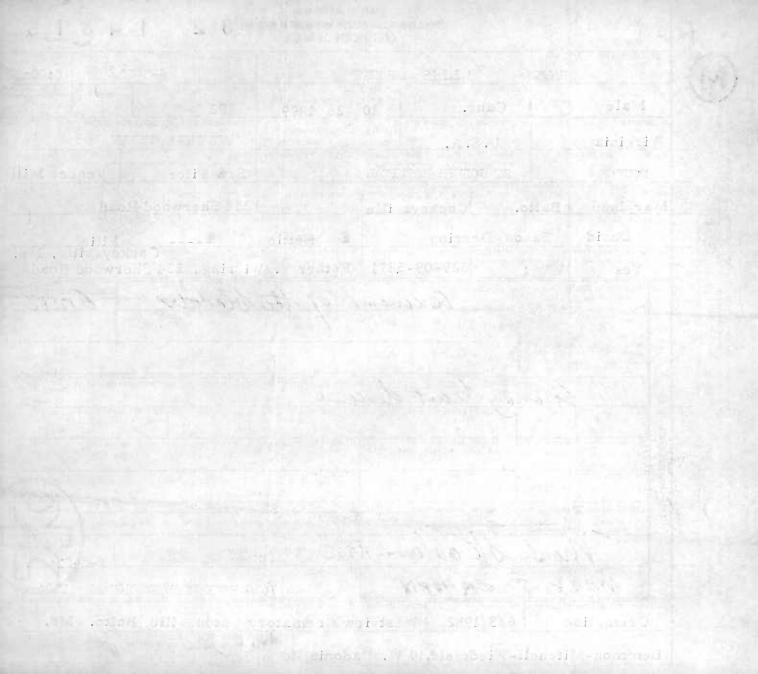
23c. NAME OF CEMETERY OR CREMATORY

7620 YORK ROAD TOWS ON MD 21204

Md.

23d. LOCATION
CITY OF TOWN
Catons ville Cremation 6/3/1982 Balto. Westview Crematory PEGISTRAR 256 PEGISTRAR SEIGNATURE

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 2	14

1	FOR - STATE REGISTRAR			DEPART		IEALTH AND MENTAL HY ICATE OF DEATH	rGIENE 8	REG. NO.	1 4	4 3	10
	E OR PRINT)	FIRST		MIDDLE		LAST	2a. DATE	OF DEATH MO	INTH DA	Y YEAR	2b HOUR
		anne		L.	De	eWinter	Jı	une 11,	1982		N
3. SE	X		4 RACE		5. DATE O		6 AGE	IN YEARS LAST BIRTHDA		UNDER I YEAR	
	Female		Whit	e	June	12, 1930 YEAR	5	1	YRS	NIHS DATS	HOURS MIN.
To B	IRTHPLACE IS ATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIA	MORE CITY OR C		FDEATH	
	Maryland		U.S.	Α.	WIDOWE		Bal	ltimore	Count	У	MD
I	TY OR TOWN OF DEA	2	1121 L	H FACILITY, GIVE STREET Ongbrook	Road	OR OTHER INSTITUTION	120 USUA (TYPE OF W	AL OCCUPATION VORK FOR MOST OF WO	ORKING LIFE)	INDUSTRY	F BUSINESS OR
130. Ma	AL RESIDENCE (# NURS STATE Aryland	136 COUP	other institution.	134. CITY OR TOW Lutherv	VN_	134. INSIDE CITY LIMITS?		and Address Longbr	ook R	d., 2	21093
4 F	Joseph		MIDDLE	nsdale		Helen	AME	MIDDLE The	ompso	n LAS	ī
	WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	215-28-		Mr. Robert	A. Dev	ADDRESS Winter,	same	as #13	3e
NOI	Conditions, if any, gave rise to improve the control of start underlying course PART 2 OTHER SIGN	nediate ig the lost	1 10_	DATRIBUTING TO		NOT RELATED TO THE TER	RMINAL DISE	ASE OR CONDITI	ION GIVEN	IN PART 10	0.
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AL	II.	DE IF YES, V N CERTIFY II YES		OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIT	CAUSE OF DEA	TH HOUR A.	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCU	IRRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
MEC	216 INJURY OCCUR	OLE C	21e. PLACE (DE INJURY EET, FACTORY, OFFICE_I	FARM, ETC.	ZII LOCATION		CITY OR TOWN		COUNTY	STATE
	220.1 certify that (I) saw the decease above, (I) (we) (c	ed alive an		S /det /19		TE Hot in (my) (aux opinion	n death accu	rred on the date	and hour o		
		Mic	my		100	ATTENDING PHYSICIAN	MEDICA	AL STAFF OR PHYSICIAN	۷ 🗌	6	1/2/2
	Myo Tha				. 0	Frankli	n Squa	are Hosp:	ital		
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236. DATE 6-15-	82 D	ruid F	EMETERY OR CREMATORY	v Ba	CATION HY OR TOWN	Ma	COUNTY	STATE
	uneral director	Funer	al Home		1050 3	Zowl- D- 250. DA	UN 14	Y REGISTRAR 256		R'SSIGNAJ.	ather.

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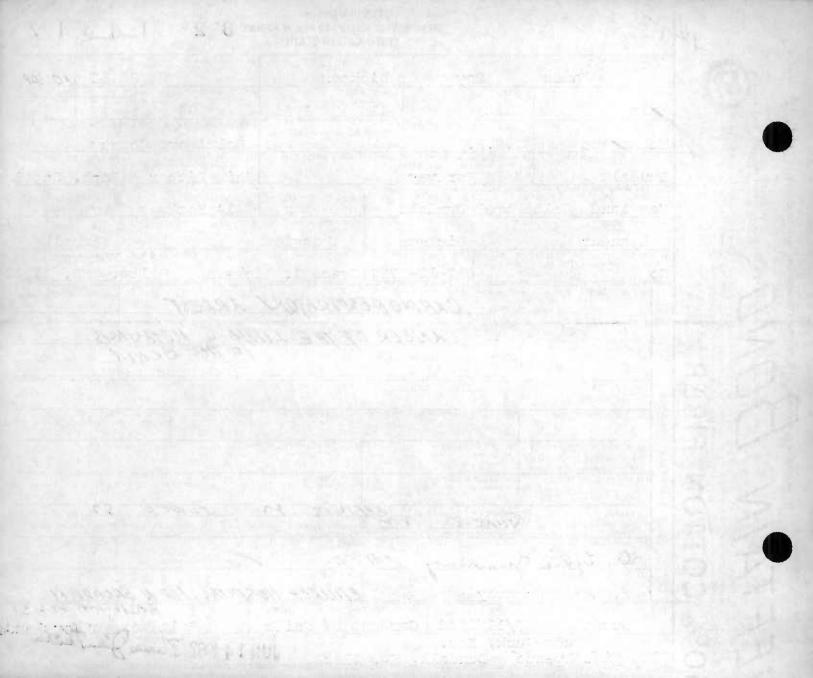
DHAM-16 50M 1781 (VBA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

CERTIFICATE OF DEATH

REG. NO.

~	1	REGISTRAR			CERTII	ICATE OF DEATH	0	REG. N		-	V		1
		CEASED NAME FIRST	1	MIDDLE		LAST	2a. DATE C		MONTH	DAY	YEAR	2b HOU	R
	(1100	James	R	oy	Di	ckson			6	8	82	10:	STIPM
	3. SE	C	4 RACE		5 DATE		6 AGE IIN	YEARS LAST BIR		# UND	ER 1 YEAR	IF UNDER	24 HR5
	Ma	ale	White		11	9 1911		70	YRS	MONTH	DATS	HOURS	MIN
0	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	0 BALTIM	ORE CITY O		Y OF D	EATH		
7	_	ennessee	U.S.A		WIDOW			timo	re C	Oun	tv		MD
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF		G HOME	OR OTHER INSTITUTION	12a USUAI	OCCUPATI	ON	12	KINDO	FBUSINE	1 100
U	Du	ındalk	3414	Yorkway	ADDRESS)			Fit			DUSTRY eth	St	ee1
1	13a S	AL RESIDENCE (IF NURSING HOME OF TATE	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS				12	CCII		CCI
2	Ma		imore	Dundal		YES NO X		Yor	wav				
61	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN			- IV CL y				
0		Leander	MIDDLE	Dickso	n	Bessie		MIDDLE			K i ml	ball	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	5341				_
	No)	AE MAN ON DATES!	412-12-	9750	Grace B.	Dickso	n			, MI		1222
	17	18 CAUSE OF DEATH (Enter o	nly one couse per									MATE INTER	
		PART I. DEATH WAS CAUSI	TE CAUSE (a)	0 - 0 -	OPE	ESPIRATOR	XXR	EFS7				24-11-1-21-40	JCAIII.
		1639		R AS A CONSEQUE	NCE OF	,							
83		Canditians, if any, which	(1b)	CANO	ER	OFTHE 2	UNG	i M.	ETA	175	15		
5		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	1 111	UNG	THE	301	1			
		underlying cause last	(6)	R AS A CONSEQUE	INCE OF		- '	-	المار	19			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEA	SE OR CONE	OITION G	IVEN IN	PARI Ito		
	CERTIFICATION	HUMBER STATE											
7	CAT	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?				GS USED	
2	TIE						YES 🗆	NO		ES T	CAUSES	OF DEATH	
	CER	21a. ACCIDENT WAS UNDERLYING			AY YEAR	21c HOW INJURY OCC	URRED (ENTER N	IATURE OF INJUR	Y IN ITEM 18	PART I O	PART 2)		
1	S	OR CONTRIBUTING CAUSE OF DE	SIR .		19								
	MEDICAL	214 INJURY OCCURRED	21e. PLACE C			211 LOCATION STREET		CITY OR TO		-	YINUC		
1	ž	AT WORK NOT WHILE AT WORK	TAT HOME, STR	EET FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	(YINUC	51	ATE
		22a I certify that (I) (this hasp	ital) attended the	e deceased fram_	KP	RIC15 19 8	2 to	SUN	136	19	-2	hat (1) (w	e) last
- 1		saw the deceased alive an abave, (I) (we) (did) (did no	VUNC	8 19 8	2 01	nd that in (my) (aur) apini	an death accurr	ed an the do	te and ho	ur and			
	8	22b SIGNATURE	III view the body	affer death.		DEGREE				2	2 DATE	SIGNED	
- 1		Dr. Juni.	0.		n	ATTENDING	MEDICAL	STAF	F				
7		224 PHYSICIAN'S NAME (TYPE	OR PANT)	my		22e ADDRESS	LAP DIRECTOR	PHYSIC	IAN []				_
1		Dr. Lydia J	umamou			O licepau	Here pir	11.11	12 A	00	400	2 140	
	23a. B	URIAL, CREMATION, REMOVAL		1 23c N	JAME OF C	EMETERY OR CREMATOR	23d, LOC	ATION	V N.	100	ins	WAY 1	. 7 7
		Burial				ns Of Fait	CIT	YORTOWN	# ±	COUR	ITY Y	51	ATE
	24 FU	INERAL DIRECTOR Duda-			ar del		DATE REC'D. BY		t 1 mc	Territories.	SIGNE	1.44	land
		22 Wise Aven		Inc.	MD		UN 14	1982 2	Burch		and	Berefrie	
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		STATE REGISTRAR		MED	DICAL EXAMIN		AND ME			REG. NO	4	3	9
		CEASED NAME E OR PRINT)	. FIRST		MIDDLE		LAST		2a. DATE KI	ESTI-	HIMON	DAY YEAR	26 HOUR
			Willian	n	L		Diggs	, Jr.		AATED		9 19 82	M
	3 SE	4 R	ACE 5	DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD			IF UNDER 24	HRS. 20 DATE AIN. PRONOUNC		HINO	DAY YEAR	14.445BR
				Aug. 26	1928 53 Y	RS.	DAIS	HOURS	DEAD		6 1	9 1982	AM
1	Ja B	RTHPLACE (STATE OF	OR 7b	CITIZEN OF WH	AT COUNTRY?	B. MARR	IED X NEV	ER MARRIED	9 BALTIMO	RE CITY OR C	OUNTY	OF DEATH	
2	1	Maryland		U.S.	A.	WIDOV		DIVORCED		rimore	Coun	itv	MD
	ID. C	TY OR TOWN OF D	DEATH 11		PITAL, NURSING HOM	E, OR OTH	IER INSTITUT	ION I	20. USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF		OR INDUST	
1	√G	Phoenix.	Lakery/		Fox land				Engineer	-		Exxon	
,	138U2	TATE	OME OR O	THER INSTITUTION, GIV	13c. CITY OR TOWN	ION)	Itaa INSINCALI	V HMHTC2 In	e STREET ADDRESS				
1	VA-1-1-1	aryland	Balti	more	Phoenix		YES 🗌	NO 🖈	14000 F		Roa	a 2113	1
-	14. F/	THER'S NAME			1000		15. MOTHE	R'S MAIDEN			1100		
1	0	William	L. ^	Diggs,	Sr. LAST		FIE	Johani	na	M.	K	arn	
	16a V	VAS DECEASED EV	ER IN U.S. ARMEI	D FORCES?	166 SOCIAL SECURIT	Y NO.	17. INFORM	ANT		ADDRESS			
	13	ES, NO, OR UNKNOWN)	Kore	an	214-24-39	41	Mrs.	Grace	B. Diggs	, same	e as	#13e	
		18 CAUSE OF DE	ATH (Enter anly a	ine cause per line	far (a), (b), and (c).)							APPROXIMATI	INTERVAL
		PART I DE ATH	WAS CAUSED B	Υ:	Meningioma	with	compl	icatio	ons			BETWEEN ONSE	AND DEATH
		225	ZMMEDIATE	-1002 (0)	AS A CONSEQUENCE								
			f ony, which								W.		
			to immediate	DUE TO, OR	AS A CONSEQUENCE	OF		-					
	1.5	lying cause lo	ost.	(0)									
		PART 2 DIHER SIGNIFIC	CANT CONDITIONS CON	TRIBUTING TO DEATH I	UT NOT RELATED TO THE TERM	NAL DISEAS	F OR CONDITION	GIVEN IN PART 1) ta.			1	
	Z												
-	ATI	19a DATE OF OPE			lerotic car				540 6			2D AUTOPSY	,
	FF											YES 🕡	NO 🗆
-	CERTIFICATION	21a EXTERNAL CA	AUSEWAS	21b. TIME OF		21c H	OW INJURY	OCCURRED	ENTER NATURE OF INJUR	RY IN ITEM 18 PART	1 OR PART	A_	.,,,,
1		UNDERLYING [MONTH DAY YEA	R							
	MEDICAL	21d. INJURY OCC		21e PLACE C	FINJURY (AT HOME,		CATION	1					
	×	WHILE AT WORK	OT WHILE	STREET, FACTO	ORY, FARM, ETC.)		STREET		CITY OR TOWN	4	COUN	ITY	STATE
	1 4		WY LINK										
	-	AT WORK - AT		**************************************						7			
		22a I certify th	190000000000000000000000000000000000000	descriptions description	ribed obave, held on	Autop	sy 🗓.	Inspection	Inquiry [], and in	my opin	nion	
	4		at I too			Autar	sy X.		Inquiry Undetermined man		n my opin	nion	
	<	22a I certify th death resulted fu	at I too				_	de .	. , -	ner,		non	
	*	22a I certify th	at I too			vicide	, Homici	de	. , -	ner,	DATE SIGNED	6/19/	32
2	<	220 I certify th death resulted fu	Pion	on DR	Accident D. So	vicide	, Homici	de	Undetermined man	ner ,	DATE SIGNED	6/19/	237
2	23a.B	220 I certify th death resulted for ACTUAL SIGNATURE EXAMINER'S NAA (TYPE OR PRINT) URIAL, CREMATION	Thomas	S D. Smi	Accident D. So	vicideN	Homici TITLE (SP .D. Dep	de PECIFY) UTY III Pe	Undetermined man _MEDICALEXAMIN enn St., E	ner ,	DATE SIGNED	6/19/	
2	23a.B	22¢ I certify the death resulted for actival SIGNATURE EXAMINER'S NAM (IYPE OR PRINT) URIAL, CREMATION PRECEY) BURIAL	ME Thomas	S D. Smi	th, M.D.	METERY C	TITLE (SP	de PECIFY) UTY III PE	_MEDICAL EXAMINED ST., E	NER 3a 1 to.,	DATE SIGNED Md.	6/19/	237
2 7	23a.B	22¢ I certify th death resulted for SIGNATURE EXAMINER'S NAA (TYPE OR PRINT) URIAL, CREMATION PECEPY)	ME Thomas	DATE	th, M.D.	METERY C	Homici TITLE (SP D. D. Dep ADDRESS R CREMATO	de Declify) LITY LITY RY L. Gdne	_MEDICAL EXAMINED ST., E	NER Baito.,	Md.	6/19/	

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2, _	1	FOR - STATE REGISTRAR		DEPART		TH AND MENTAL	HYGIENE	8 2	1	4:	3 2
	I DE	CEASED NAME FIRST	,	AIDDLE	LAST		2e. D/	REG. N		DAY YEAR	26 HOUR
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他们	Je B	IRTHPLACE (STATE OR FOREIGN	7 CITIZEN OF	WHAT COUNTRY?	1	5 84	- 2 BAI	TIMORE CITY O	R COUNTY	OF DEATH	
200		OUNTRY Marvland	US		MARRIED WIDOWED	NEVER MARRIED					
2		ITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	NG HOME OR O	THER INSTITUTION	12e U	Baltimer SUAL OCCUPATI	ON	12h KIND	OF BUSINESS
910		Parkville	PETSING	Parkwa	1/	ing Ho		Housewif		E) INDUSTR	Y
E -	USU	AL RESIDENCE (IF HURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	ing no			8		
35	M		UNIY	Baltime		I. INSIDE CITY LIMITS		REET ADDRESS	24 64		
wexa		ATHER'S NAME				MOTHER'S MAIDEN			3d St		
3500		Drury	Sanders	LAST		FIRST	mak C	MIDDLE			LAST
medi	160 V	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO. 17	INFORMANT	irah Si	Liffler	SS		
the 7	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	218 52	4631 J	lehn Dinun	- A A /	122 Form	-11 0		
event,	-	18. CAUSE OF DEATH (Enter				ohn Dinun	1210	122 Fawe	err Si	APR	DXIMATE INTERVA
trauma		1310	DUE TO, 9	AS A CONSEQUE	ENCE OF	t. 11	1000	1/10	0		
or other		Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	(c)	RASACONSEQUE CAPHIN	SCLAM ENCE OF	ofic VI	Age.	ISEASE OR CON			No
any injury, or other	TION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OI	RACONSEQUE CAPALO DITRIBUTING TO I	ENCE OF DEATH BUT NO	DIA I	Age.	ISEASE OR CON	DITION GIV	EN IN PART	
ws any injury, or other	TIFICATION	gave rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OI	RASACONSEQUE CAPHIN	ENCE OF DEATH BUT NO	DIA I	Age. TERMINAL D		DITION GIV	EN IN PART	DINGS USED ES OF DEATH? NO [
ws any injury, or other	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OI T CONDITIONS CO 196 CONDI 216 TIME O HOUR A.	TON FOR WHICH	DEATH BUT NO	DIA I	TERMINAL D	ISEASE OR CON AUTOPSY?	DITION GIV 20b. IF YES IN CERTIF YE	VEN IN PART	DINGS USED ES OF DEATH?
or Item 18 shows any injury, or other		gave rise to immediate cause to; stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED	T CONDITIONS CO	TON FOR WHICH	DEATH BUT NO	Old I	TERMINAL D	ISEASE OR CON AUTOPSY?	20b. IF YES IN CERTIF YE	VEN IN PART	DINGS USED ES OF DEATH? NO
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NT: If Item 21 is marked or Item 18 shows any injury, or other		gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFO MEDICAL EXAMIN 2101. NIJURY OF CURRED WHILE NOT WHILE AT WORK NIJURY OF CURRED WHILE NOT WHILE AT WORK NIJURY OF CURRED WHILE NOT	DUE TO, OI T CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198	TON FOR WHICH TION FOR WHICH TO WHIC	DEATH BUT NO OPERATION W AY YEAR 19 FARM, ETC.) PORT	OT RELATED TO THE TO TH	TERMINAL D 200 YES CURRED (EI	AUTOPSY? NO NO CITY OR TOW	20b. IF YES IN CERTIFY YE RY IN ITEM IB. P	S, WERE FINI YING CAUS S ART I OR PART 2 COUNTY To and from t	DINGS USED ES OF DEATH? NO STATI
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	DECEASED NAME	FIRST	1	AIDDLE	l	AST		MONTH DA	YE AR	26 HOUR
	E	ffie	В.	.08	DIE	xxxxx Divine	Ju	ne 30,	1982	9:30A M
3 5	Female		White		5 DATE O		6 AGE (IN YEARS LAST BIR	-	FUNDER I YEAR	IF UNDER 74 HRS
	BIRTHPLACE (STATEOR New Jersey	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY		MD
10	Ruxton	ATH	Manor	HOSPITAL, NURSIN HEACHITY GIVE STREET A Care Rux	G HOME C	ursing Home	12a USUAL OCCUPATION OF WORK FOR MOST CHOMEMAK	ION	126 KIND C	PF BUSINESS OR Home
Ne	UAL RESIDENCE (IF NUR 1 STATE ew Jersey	DI COUN	OTHER INSTITUTION, TY	Spring L	1	YES NO [210 St. C	lair A	ve	nai Isi
3	Peter Peter	ci	arles	Brown		Ella"	ME MEDIA		John	son
160	WAS DECEASED EVER		MED FORCES?	156-10-5		I Mary Rags	dale, Chape	TOTAL STREET	e Bd.	Timoniur
CERTIFICATION	PART 2 OTHER SIGN	nificant c	ONDITIONS CC		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	206 IF YES,	WERE FINDIN	NGS USED
EDICAL CERTIF	00 50000000000000	CAUSE OF DEAT	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF INJUI	YES		NO 🗌
MED	AT WORK NOT WE	HILE RK		EET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22d. PHYSICIAN'S N. Geroge	ame use or	PRINT)	liner destil 19 S		DEGREE	MEDICAL STAF	F IAN []	224. DATE	3 0 / 89
230	BURIAL, CREMATION,	REMOVAL	236 DATE 7-3-82	_		emetery or crematory	23d LOCATION CITY OF TOWN Briello		COUNTY	STATE

Greenwood Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Brielle, New Jersey 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE	OF	MARYLAND	
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3-19-1901 YEAR

13d INSIDE CITY LIMITS?

DIVORCED

NO

15 MOTHER'S MAIDEN NAME

Mr. William 1

MARRIED NEVER MARRIED

YES X

17 INFORMANT

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

DOLLINGER

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

5. DATE OF BIRTH

WIDOWED

8 31	2	- 1	4	3	2	2	
DATEC	REG. N		DAY	YEAR	2b. HO	UR	
10		6-24-	82		6:4	5am	
	YEARS LAST B	PRTHDAY]	IF UNDE		# UNDE	R 24 HRS MIN.	
	-	OR COUNT	Y OF DE	ATH			
USUAL	OCCUPAT	OF WORKING L	12b.	KIND O	F BUSIN	MD. IESS OR	
e. STREET	ADDRESS 800 M	MEndov	er 1			21234	
ce B	Lake	ley		LAS			
blli	nger	<u>- 180</u>	O We		ven		4
ARR	EST		8	APPROXI	MATE INTE	RVAL D DEATH	
ACC	TDENT	r					

PART I. DE ATH WAS CAUSED B	V A A A	ardio-pulmona			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which gove rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQUENCE OF	CEREBROVASCUL	121-11		
PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT		LMONARY EDE		PART I(o)
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES NO X		RE FINDINGS USED CAUSES OF DEATH? NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I O	PART 2)
Zid. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	21f LOCATION STREET	CITY OF TO	OWN C	OUNTY STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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IMPORIA

23a BURIAL, CREMATION, REMOVAL

FOR

LTYPE OR PRINTI

countill.

TOWSON

14. FATHER'S NAME

(YES, NO NUNKNOWN)

18 CITY OR TOWN OF DEATH

3, SEX

STATE

REGISTRAR DECEASED NAME

FIRST

ISTATE OF FOREIGN

USUAL RESIDENCE (IF NURSING HOME OF OLIGER INSTITUTION 136. STATE 136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

ANNA

4 RACE

White 76 CITIZEN OF WHAT COUNTRY?

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

ST JOSEPH HOSPITAL

Balto.

LAST

166 SOCIAL SECURITY NO.

218-06-4021

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

23d LOCATION

(SPECIFY) Burial UNERAL DIRECTOR

John (. Miller Inc-6415 Belair Rd. -21206

23b. DATE

22a. I certify that the this hospital attended the deceased from

and that in my (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

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Lemmon-Mitchell-Wiedefeld, 10 W. Padonia RdJUN 1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q

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(VRA 15, 4)

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OHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

	1.	STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. I	NO.	4 3	2 4
		CEASED NAME FIRST	Elizabet		Drewanz	20 DATE OF DEATH	момін	DAY YEAR 2 82	26 HOUR 12:35P
	3 SE	Female	4 RACE White	5. DATE C		6 AGE (IN YEARS LAST B	(RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Bo	5	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	78 CITIZEN OF WHAT COUNTRY USA	MARRIE	D NEVER MARRIED DIVORCED	Baltimore City	Coun		MD
10	Ca	itonsville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Summit Nursing	Home	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	OF WORKING		OF BUSINESS OR
35	¶3a. :	STATE COUN	NTY 134 CITY OR TO Catons	WN	134 INSIDECITY LIMITS?	13e STREET ADDRESS 5301 Wend	iley R	load.	21229
20		John First		plemar		WIDDLE		(ú	inknown)
ス	160 \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 166 SOCIAL SEC 213-74-		John H. Dre	wanz Balt	Dakda		1228
	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSPOIL (c) CONDITIONS CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	inal disease or con	NDITION G	· dis	yn
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDII IFYING CAUSES YES	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		saw the deceased alive on	tal) attended the deceased from 2 19	82 01	d that in (my (our) opinion of DEGREE ATTENDING	death accurred on the of		our and from the	
1		PHYSICIAN'S NAME (TYPE Laurence R.	Gallager M.D.		St. Agnes M		in the	Baltimo:	re, Md.
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY IVEN CEMETERY	CITY OR TOWN	rnie	COUNTY	Md. STATE

1630 Edmondson Ave, Catonsville, Md. 21228

250. DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURE

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Committee to the Committee				Levena
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CONNELLY F.H. 300 MACE AVE

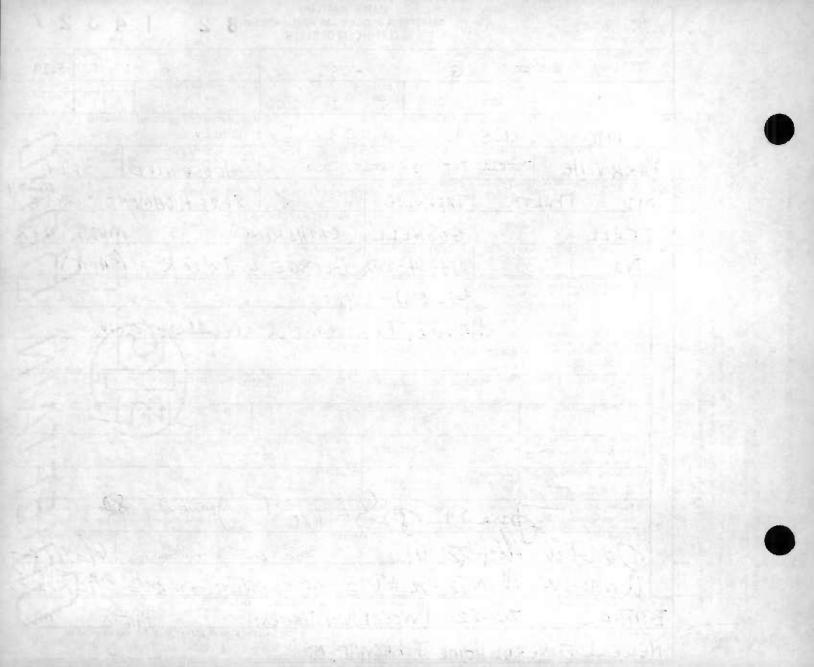
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of Forecast and Artitleine		W. W.

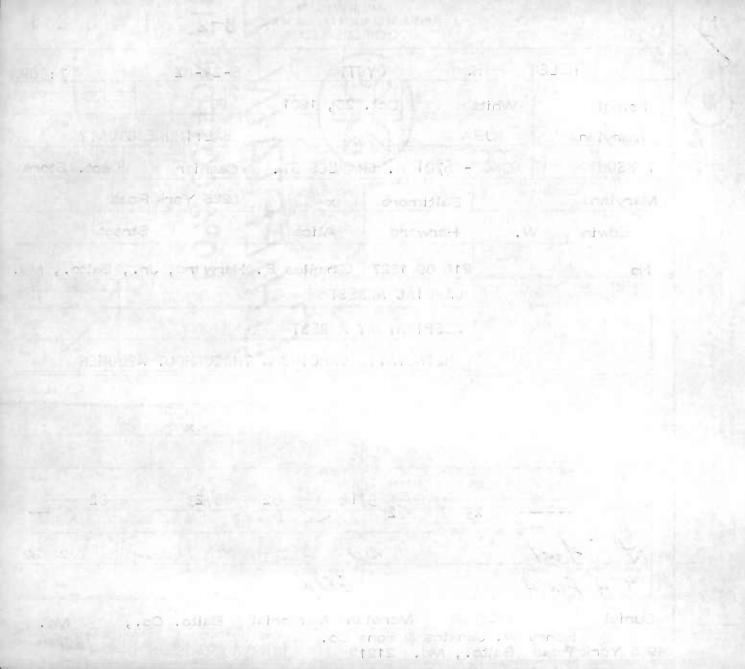
	- STATE REGISTRAR		CEKTIF	ICATE OF DEATH	REG. N	14	3 2. 6
(TYE	ECEASED NAME Mary PEOR PRINT) Dutousch		th(Elsie)	Dutousch	20 DATE OF DEATH	6-24-1982 YE	26 HOUR 4:00A
3 St	X	4 RACE	S. DATE C		& AGE (IN YEARS LAST B	IRTHDAY) IF UNDER T	YEAR IF INDER 24 H
	Female	White	. 5	11 92	90	YRS	DATS HOURS M
Dr H B	COUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED		OR COUNTY OF DEAT	Н
20	Maryland	U.S.A.	WIDOWE		Baltimore	County	
10	City or town of DEATH Baltimore Towson		NURSING HOME (OR OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk	OF WORKING LIFE) INDUS	ND OF BUSINESS STRY Prical
5 13a N	STATE OU Saryland	NTY 13c. CITY	OR TOWN Ltimore	134 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 1633 Chi	lton Street	t
00 B	ATHER'S NAME FIRST ernard	MIDDLE Dutous	ch	Marie	WE	XERRIXX	Fischer
2 160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) {IF YES, G	VE WAR OR DATES)	14-6680A	Stella Maris	ADDR Hosptice '	Towson, Mar	yland
CERTIFICATION	couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT		INAL DISEASE OR CON	NDITION GIVEN IN PAR	
Z SRIIFIG					YES NO	IN CERTIFYING CAL	JSES OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY WORK AT WORK	ATH HOUR A.M. MON	NTH DAY YEAR 19	216 HOW INJURY OCCURI	CITY OR TO		
	27a I certify that (I) (this hosp saw the deceased alive ar abave, (I) (we) (did) (did no			1 , 19 81 d that in (my) (aur) opinian	to 6-21 death accurred on the c	, 19.82 date and hour and fram	that (I) (we)
	22b. SIGNATURE		end		MEDICAL STA	EE	-24-82
	Stephen K.			Dulaney \	/alley Road	Towson, Mc	1.
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) 111111111111111111111111111111111111	6 ADVI /92	U01 17 D	emetery or crematory	23d LOCATION CITY OF TOWN PRINCE TO BALTIMO	re, Mary	land STATE
24 F	UNERAL DIRECTOR Tows	on Funeral H	ome, Inc.	204 - JUN	25 1982 Z	256. REGITTAR'S SIG	Warthen

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3	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	ENTAL HYGI	ENE 8 2	NO.	4 3	3 2 7	
pe ttp ttp		CEASED NAME FIN	sther	G.	(,	Dwyer		2a. DATE OF DEATH	MONTH 6	29 8	32 5:10	Bu
ge 4 mo)	3. SE	female	4. RACE C	au	5. DATE O	F BIRTH	řŝ00	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS D	YEAR IF UNDER 24 HI	RS IN.
eath. Page		RTHPLACE (STATE OR FOREK	Th. CITIZE	NOFWHAT COUN	MARRIED	NEVER MA	ARRIED -	County		Y OF DEAT		MD
on softer d	10 CI	ARK VILLE		E OF HOSPITAL, NI TINSUCH FACILITY GIVE ING PARKW			UTION	12a. USUAL OCCUP.		12b. KIN INDUS	SELF	SR
filled in ould be formatibe	13a. S		COUNTY	13c CITY OR		13d. INSIDE CITY	LIMITS?	130 STREET ADDRES			CIRCLE	-
BALTIMORE, MARYLAND 2120 sote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill wol. it, the medical exeminer must be po	14 FA	THER'S NAME BEALL	MIDDLE	Gos	1	15 MOTHER'S M	HERIN	E MIDDLE			L'ZINI	
m and ca		VAS DECEASED EVER IN U	I.S. ARMED FOR YES, GIVE WAR OR DA		SECURITY NO. 34-3372	17 INFORMANT		L. DWYE	RESS	SAI		
201 W. PRESTON 51., res that the death certific ned by the attending ph please remove carbon p uvial, remailian, or remo y, or other traumatic ever	NO	Canditions, if any, wh	AUSED BY: AEDIATE CAUSE DUE ich pate the past.	TO, OR AS A CONS	VV) — 6 SEQUENCE OF SEQUENCE OF	ALL NOT RELATED TO		MUUIL NAL DISEASE OR CC	0	aite	PROXIMATE INTERVAL EEN ONSET AND DEAT	IH.
DIVISION OF VITAL RECOKEDS, NG PHYSICIAN: The law requirantending physician. After this certificate has been signs the burial-transit permit. There is and Mental Hygiene prior to be acked or Item 18 shows any injur	CERTIFICATION	19a. DATE OF OPERATION	1 196 0	CONDITION FOR W	HICH OPERATION	WAS PERFORM	AED	200 AUTOPSY?	IN CERT		NDINGS USED USES OF DEATH?	
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TENDI itol or OR: A or Use or Use if Heal		sow the deceased of above, (I) (we) (did) (live on	20 29	19 200	a) hat in (my) (o	Gr) opinion de	eath occurred on the	dote and ho	ur and from	the causes stated	ost
AL OR AT y the hosp AL DIRECT detoched for ote Dept. o		276. SIGNATURE	Will	mts	nd '		ENDING YSICIAN	MEDICAL ST	TAFF SICIAN 🗌	22c. D	129/12	_
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OF BP	B	URIAL, CREMATION, REM		7-82	VOODL		EMEYER)	23d. LOCATION CITY OR TOWN	BI	ALTO	MB) <u>.</u>
DHMH-16 30M 2/80 (VRA 15, 4)	24 FL	INERAL DIRECTOR	INERAI	LHOME	"P. KESV	ILE MD		REC'D. BY REGISTR	AR 256 REGIS	1 1 2	NATURE MATERIAL	-



DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR TOWN TOWN DAY YEAR 20 HOUR TOWN DAY YEAR 20 HOUR TOWN DAY YEAR TOWN TOWN DAY TOWN TOWN DAY TOWN	D	1.	STATE REGISTRAR		DEPARTI	MENT OF F	ICATE OF DEATH	REG. NO.	143	28
HELEN H. DYOTT 6-23-82 7:30PM		1 DE	CP BRIA.11		IDDLF		AS1		ONIH DAY YEAR	26 HOUR
Female White Oct. 25, 1901 80			HELE					6-23-82	10/2/16	7:30 PM
Selection 10 City or town of death 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 LUDAL OCCUPATION 120 KIND OF BUSINESS OR OWNERS 130 STATE 130 KIND OF BUSINESS OR OWNERS 130 STATE 130 KIND OF BUSINESS OR OWNERS 130 KIND OF BUSINE	#	3. SE	X							
Maryland	1	₽6 B			MIAT COLINITRY	Oct.	25, 1901			
TOWSON GBMC — 670 N.S. CHARLES ST. GBMC — 6	51		COUNTRY)							Υ
DUAL RESIDENCE (# NOT SHOULD NOT THE INSTITUTION OF #EIDINGE BYORK AMASSON) 136 INTER 137 INTER 138 INTER 139 INTER 130 INTER	0	10_C				IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 125 KIND	OF BUSINESS OR
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18 CAUSE OF DEATH Enter only one couse per line for 10 to 16 and couse per line for 10 to 16 and couse per line for 10 to 16 and 10 to 17 and 10 to 18 and 18 a	dicol				166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	5	
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			sow the deceased dilve of	0	19	, or	nd that in (my) (our) opinion	death occurred on the date	and hour and from th	e couses stated
220.1 certify that (1) (this hospital) attended the deceased from 82, 19 to 723 to 723, 19 to (1) (we) last sow the deceased alive an 19 obove, (1) (we) (did) (she not view the body after death 19 obove, (1) (we) (did) (she not view the body after death			226. SIGNATURE	1					22r. DAT	ESIGNED
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obove, (I) (we) (did) (the non-view the body after death 226 SIGNATURE								al Balto.	Co.,	Md.
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226. DATE SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS CBMC 230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL CSECURITY BURIAL CATERNOTION COUNTY STAFF COUNTY C		4	905 York Road	d Ralto	MA	212	10 1111	0 / 1002 7	DOGS LOW	Section .



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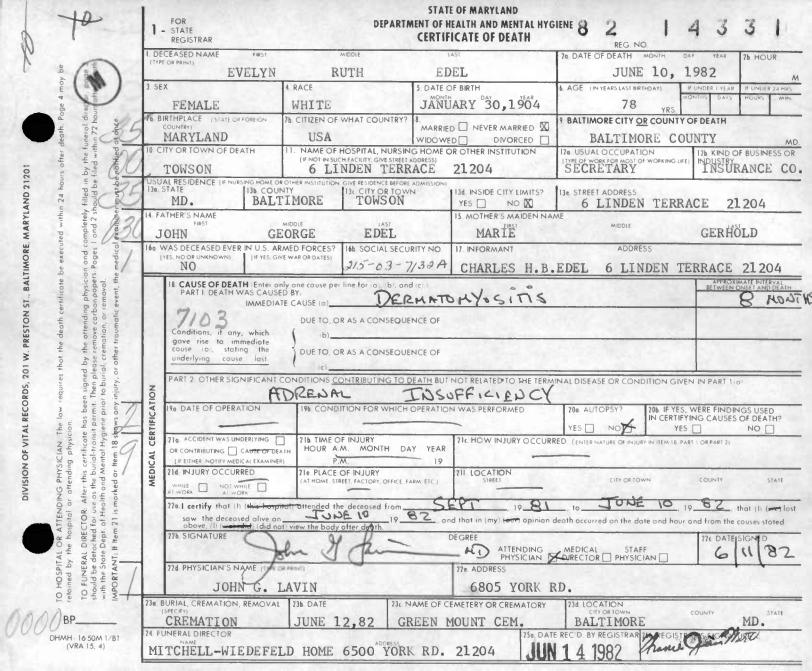
Mitchell-Wiedefeld Home, Inc. B 1to., Md.21212

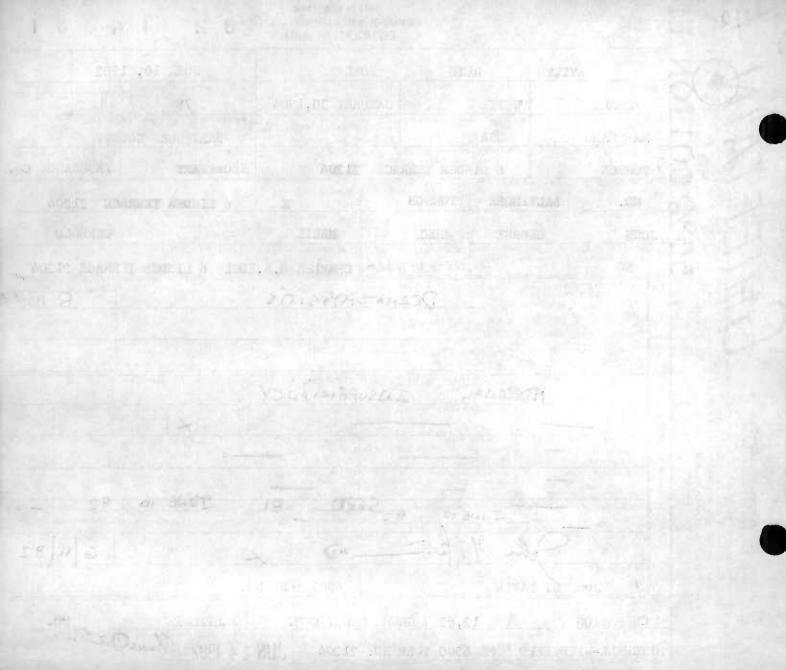
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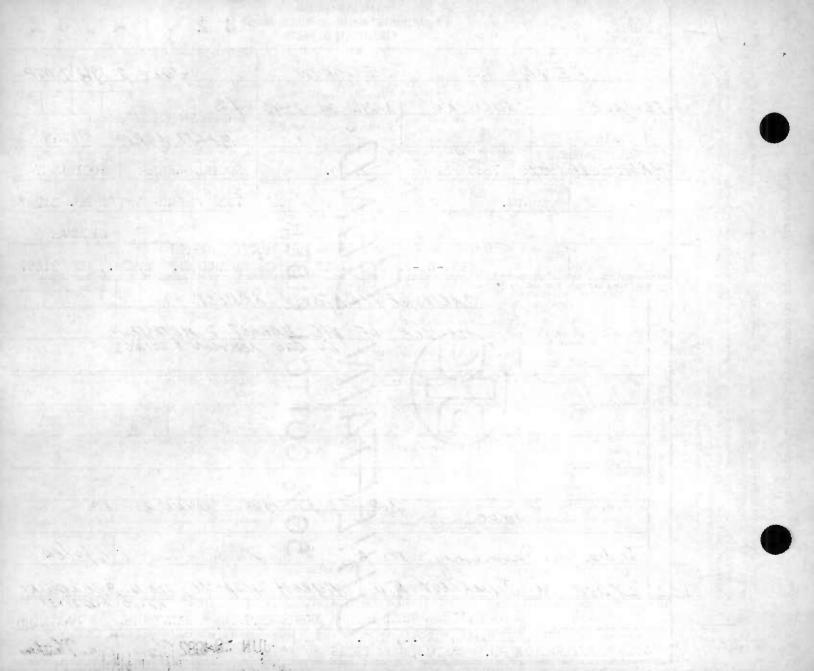
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

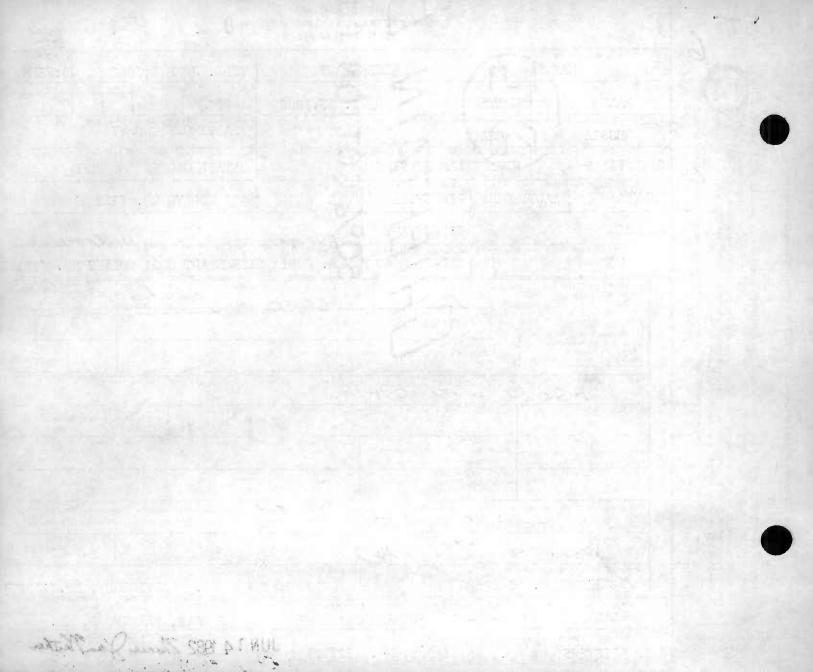
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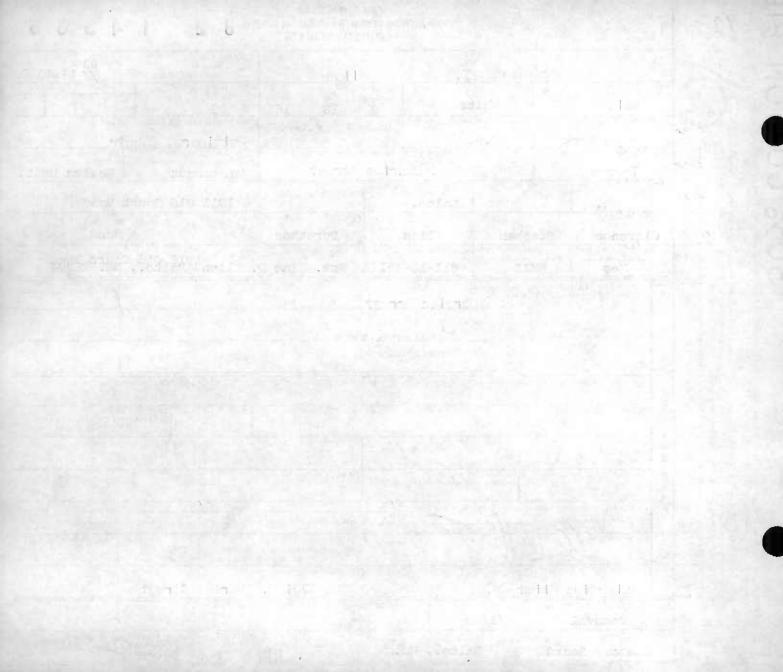




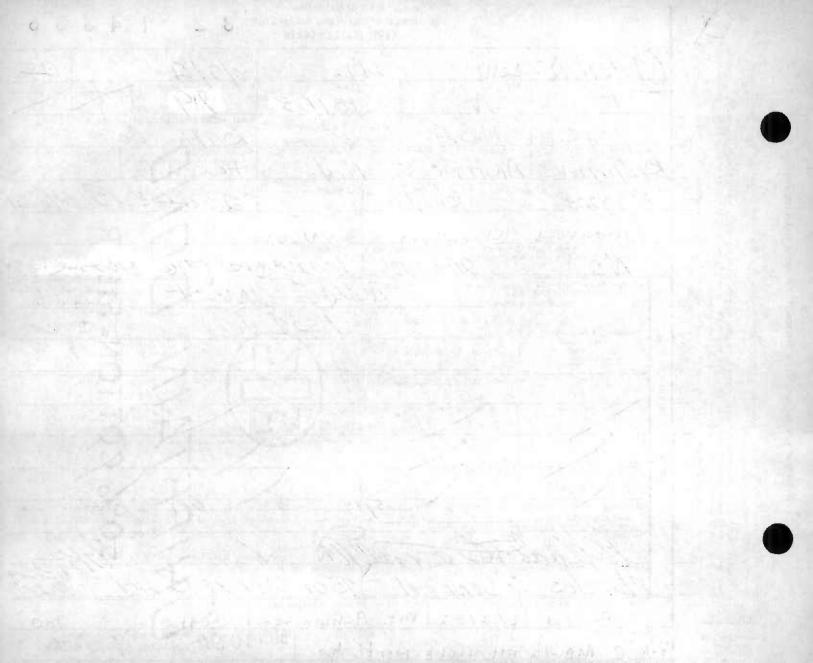


		FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 2	143	3 3
3		DECEASED NAME YPE OR PRINT) MA	X X	WIDDLE		ISTADT	20 DATE OF DEATH TUES. JUNE		2b HOUR 6:25PM
(M)	3.	MALE	4 RACE WHITE		5 DATE C	гвіктн Т. 15,1900	6 AGE (IN YEARS LAST BIR		R IF UNDER 24 HRS
4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	BIRTHPLACE (STATE OR FOR RUSSIA	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWF	NXX NEVER MARRIED	9 BALTIMORE CITY O BALT IMORT	R COUNTY OF DEATH	MD.
		CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	RETAIL GROOM		OF BUSINESS OR
ND 212		UAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION BALTIMORE	PIKESVII		13d INSIDE CITY LIMITS?	8021 MOLLY	E RD. (21208	3)
MARYLA mplenely and 2 sh		FATHER'S NAME BRAHAM	WIDDIE	EISENSTA	DT	15. MOTHER'S MAIDEN NAM		UNKA	AST
MORE, A	16a	WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16h SOCIAL SECUI 219-32-0		MRS. JULIA E	ISENSTADT 8	SS	
quires that the death ca quires that the death ca signed by the attending Then please remove carb to burial, cremotion, or a njury, or other traumatic	2	PART 2 OTHER SIGNIF	diote the lost (c)			NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN PART 1	(a)
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OVINISION OUTPORT OUTP	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY TREET, FACTORY OFFICE, FA	RM, ETC)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ATTENDIR spirtal or CTOR: Al of for use of Health	38	220. I certify that (I) (the saw the deceased above, (I) (we) (didi	olive on fording view the body		- 2, on	d that in (my) (our) opinion o	, to leath occurred on the do		, that (I) (we) lost e couses stated
Y the hos Ay the hos Ad DIREC		22b. SIGNATURE	e to	They i	n	ATTENDING PHYSICIAN	MEDICAL STAR	F	9-82
TO HOSPIT etoined by TO FUNER should be- with the St		JEROM	E (TYPE OR PRINT) E H. GINSBE	ERG		5310 OLD C		BALTIMORE ,	MD. (21207)
////BP		BURIAL, CREMATION, REALISPEDURIAL	MOVAL 236 DATE 6-10			METERY OR CREMATORY CEMETERY	ROSEDALE,	BALTIMORE,	MD. STATE
DHMH-16 50M 1/81 (VRA 15, 4)		FUNERAL DIRECTOR SO 010 REISTERS	L LEVINSON TOWN RD., F	& BROS	MD.	(21215) 25a PATE	N 1 4 1982		Westher





X	1	STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 4 3 3 6 CERTIFICATE OF DEATH REG. NO.
y be	1	TOPIA Idell ELLIS 6012 12 HOUR
ge 4 mo	130	5. DATE OF BIRTH MONTH 10 10 10 10 10 10 10 10 10 1
death. Page	7a. 8	SIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED MIDOWEDO DIVORCED MIDOWEDO DIVORCED MARRIED M
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and blood		JAL RESIDENCE 16 NURSING HO COUNTY THE COUNT
and 2	14. F	ATHER'S NAME PIRST MONFORD Champion LAST Viola MIDDLE LAST Viola
P age	60.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS ADDRESS 18 S 1716 W. Fayette
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OR Att		27s I certify that (I) (this hospital) attended the deceased from 5/14 19 82 to 6/2 19 82 that (I) (we) list saw the deceased and an 19 and that in jmy) (our) opinion death occurred on the date and hour and from the causes stated above. (I) May (id) (id) and int) view the body after death.
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the state of the s		THE PHYSICIAN STAME 15 FE OF PRINTS
to Fundamental Manager Inches	73a.	BURIAL, CREMATION, REMOVAL 21b. DATE ZIC NAME OF CEMETERY OR CREMATORY 23LL LOCATION CITY OF TOWN COUNTY 23LL LOCATION
BP UH- 16 30M 2/80		UNERAL DIRECTOR 254 DIALE RICE BURGESTRANDS B. REGISTIR RS SIGNALIZE
(VRA 15, 4)	N	IMIC. MArch KH. 1101 E POTH Ave- 1011 1982 Chancas Jean lathen



12	1					OF MARYLAND				
X	1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	0 4	1 4	4 3	3 7
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	3 S		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	06 14		8:55A A
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Pied	10.0	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h KIND OF	BUSINESS OR
DK	1	Towson	GBMC	6701 N. Cha	arles	Street	System Spe	cialist	Compu	ter Ind
30	USI 13a	STATE 13b (ME OR OTHER INSTITUTION	136. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
\$ C			lto.	Reistersto	wn	YES NOXX	16 Glynd	on Driv	е	
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ro bu	Z	PART 2 OTTER SIGNIFICA	INT CONDITION	S CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
ony ii	CERTIFICATION	190 DATE OF OPERATION	19b CC	ONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	S USED
Hygiene p	FF						YESN NO	IN CERTIFYIN	G CAUSES O	F DEATH?
18 sh	E E	210. ACCIDENT WAS UNDERLYIN		ME OF INJURY		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU			140
r Item	AL	OR CONTRIBUTING CAUSE (DEATH	R A.M. MONTH DA	YEAR 19					
or #	MEDICAL	21d. INJURY OCCURRED	21e PL	ACE OF INJURY		21f LOCATION				
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21 is		sow the deceased aliv	e on0	6/14	82 , on	d that in (my) (our) apinior	death accurred on the d	ote and hour or	nd from the co	uses stated
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Z		22d. PHYSICIAN'S NAME I	TYPE OR PRINT)	V-00-6	_	22e ADDRESS	DIRECTOR PHISIC	IAN L		01012
IMPORTANT		Nathan Ros	enblum.	M.D.		GBMC 6701 N	. Charles St	. 21204	1	
3 3	23a	BURIAL, CREMATION, REMO	VAL 236 DAT	E 23c N		METERY OR CREMATORY	23d. LOCATION			
	FI	Burial	June	17, 1982	All Sa	aints Cemeter	Reisters	town, B	alto.	Md.
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DEPARTMENT OF HEALTH AND MENTAL HYGICUS (

- STATE REGISTRAR		OLI ARTI	CERTIFIC			REG. NO	1	4 5	3	8
1 DECEASED NAME (TYPE OR PRINT)	BABY BOY	EVANS	EAST			20 DATE OF DEATH	6-9-8		26 HOU 1:	40p
3 SEX MALE	4 RACE WHIT	E	5. DATE OF B	IRTH □9	**8°2	6 AGE (IN YEARS LAST BIRTH		UNDER LYEAR	HOURS	24 HR5
70 BIRTHPLACE (STATEORF	US	76 CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW			MARRIED X	O BALTIMORE CITY OR COUNTY OF DEATH				
O CITY OR TOWN OF DEA		HOSPITAL, NURSIN		THER INS	NOITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
STATE MD	NG HOME OR OTHER INSTITUTION TO COUNTY HARE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW JARRETTS	N 130	I INSIDE C	ITY LIMITS?	13e STREET ADDRESS 1430 DALE	WOOD D	RIVE		
FATHER'S NAME FIRST ROBERT	MIDDLE W	EVANS	15		MAIDEN NA			ARTER	ST.	
I du WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S ARMED FORCES?	166 SOCIAL SECU	RITY NO. 17	INFORMA	INI	ADDRES	S			
PART I. DEATH W	IMMEDIATE CAUSE (0)	MULTIPLE OR AS A CONSEQUE	CONGEN	ITAL	ABNORMA	LITIES		BETWEEN	IMATE INTE	DEATH
Conditions, if ony,	which (b)							1		

011	DUE TO, OR AS A CONSEQUENCE OF	
onditions, If ony, which	(b)	The second second
ove rise to immediate ouse (a), stating the oderlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
derlying cause last.	(c)	

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

220.1 certify that (X(this haspital) attended the deceased from

19 21e. PLACE OF INJURY

19_82

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

82

20g AUTOPSY?

NO:

6-9

and that in (mx (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2)

YES

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO [

COUNTY STATE

22b. SIGNATURE

NOT WHILE

sow the deceased alive on_

ATTENDING 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED 6-16-82

22d. PHYSICIAN'S NAME (TYPE OF PRINT) HENRY S. CRIST, M.D.

190 DATE OF OPERATION

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

DEGREE

7620 YORK ROAD TOWSON MD. 21204

(SPECIFY) HOSP. DISP

MEDICAL

24 FUNERAL DIRECTOR

PARKWOOD

6-9

23d LOCATION CITY OR TOWN

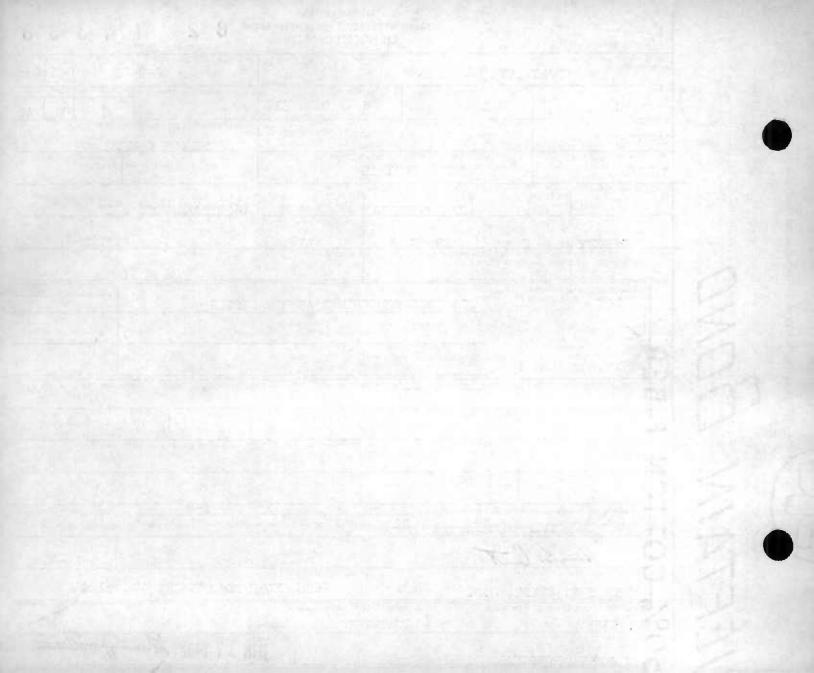
COUNTY

ST JOSEPH HOSPITAL

ADDRESS

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



21215

6010 REISTERSTOWN RD. BALTO., MD

FOR

- STATE

DHMH - 16.50M 1/8T (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤮

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Lemmon-Mitchell-Wiedefeld. 10 W. Padonia Rd.

- STATE

(VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Their please remove corbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

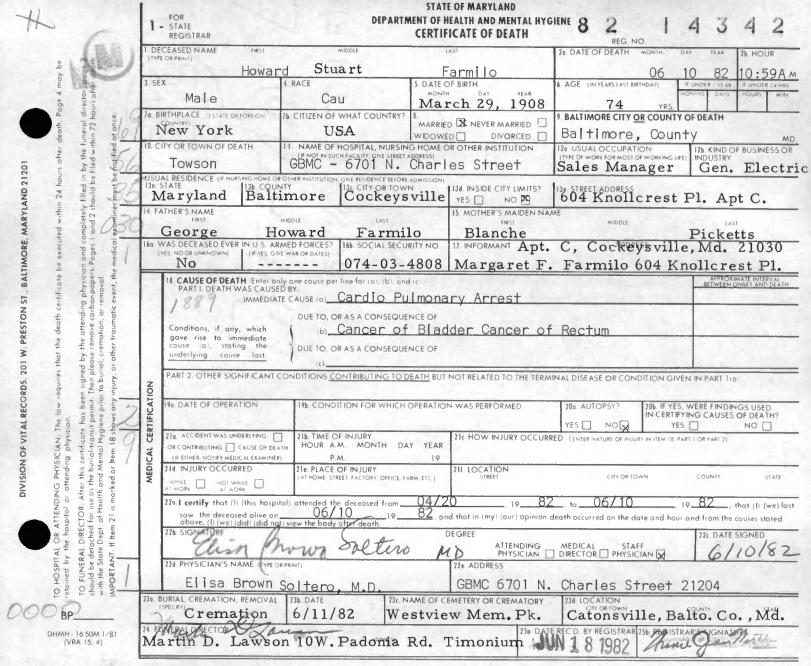
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1, 5E	Female	White	5. DATE C	DAY YEAR	6 AGE (IN YEARS	LAST BIRTHDAY]	MONTHS DATS	HOURS MIN
	(STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	7? 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		CITY <u>OR</u> COUN TIMORE (,
	TOWSON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE ST. JOSEPH'S	ING HOME O	OR OTHER INSTITUTION	12a. USUAL OCC		176. KIND C INDUSTRY	F BUSINESS O
13a S	AL RESIDENCE (IF NURSING PARE COU STATE Maryland		WN I	13d INSIDE CITY LIMITS?		RESS 8 Ridge	croft Re	ad 212
,	ATHER'S NAME FRIST John	MIDDLE LAST Krein		15. MOTHER'S MAIDEN NA	M	DDLE	Wali	er
		RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 218-03-0		Patricia E.		3818 Ri	dgecroft	Rd.
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FICATION		DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	UENCE OF DEATH BUT THE	twe lul	MINAL DISEASE OF	20b. IF Y	GIVEN IN PART III LIGHT SEE FINDING TIFFYING CAUSES	NGS USED
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICATE	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT COMMENCE OF DEATH BUT THE OPERATION DAY YEAR 19	twe lul	200 AUTOPSA YES NO RED (ENTER NATURE	20b. IF Y	YES, WERE FINDING CAUSES	NGS USED
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DHMH - 16 50M 1/81 (VRA 15, 4)

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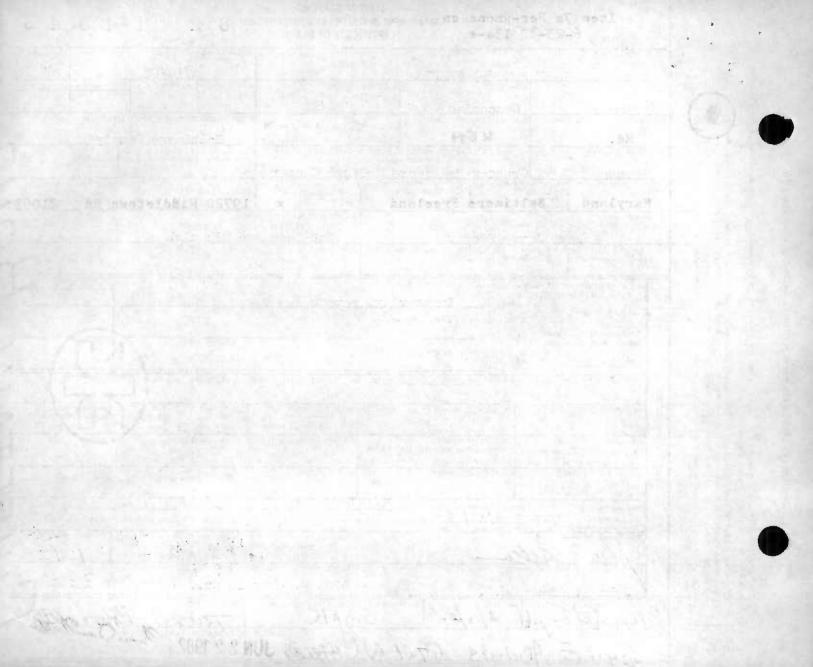
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softer a		OWN OF DEATH	(IF NO	LIMBUCH FACILITY, GI		• Center	12g USUAL OCCUPA (TYPE OF WORK FOR MOS Retire	ATION 126. I	CIND OF BUSINE
24 hour	130 STATE	DENCE (IF NURSING			CE BEFORE ADMISSION)	138 INSIDE CITY LIMITS?		^s 29th. St.	
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Found control		CEASED EVER IN (U.S. ARMED FOR		AL SECURITY NO.	17. INFORMANT Daught		DRESS	
ow requires that it is been signed by the rmit. Then please re prior to buriol, cret, any injury, or other	PART	rlying couse I	CANT CONDITIO		NG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVEN IN P	FINDINGS USED
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R ATTENDING hospital or RECTOR: After red for use as pt. of Health rem 21 is mort	22a 1 sc	ertify that (I) (things the deceased above, (I) (we) (did)	live on	6/2	10 5 70	nd that in (my) (aur) opinio	on death accurred on the		
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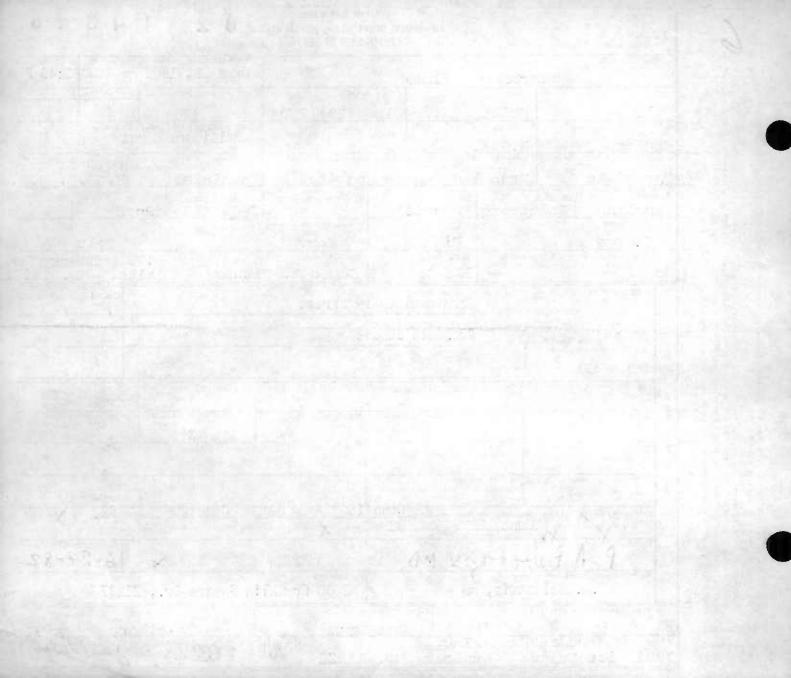
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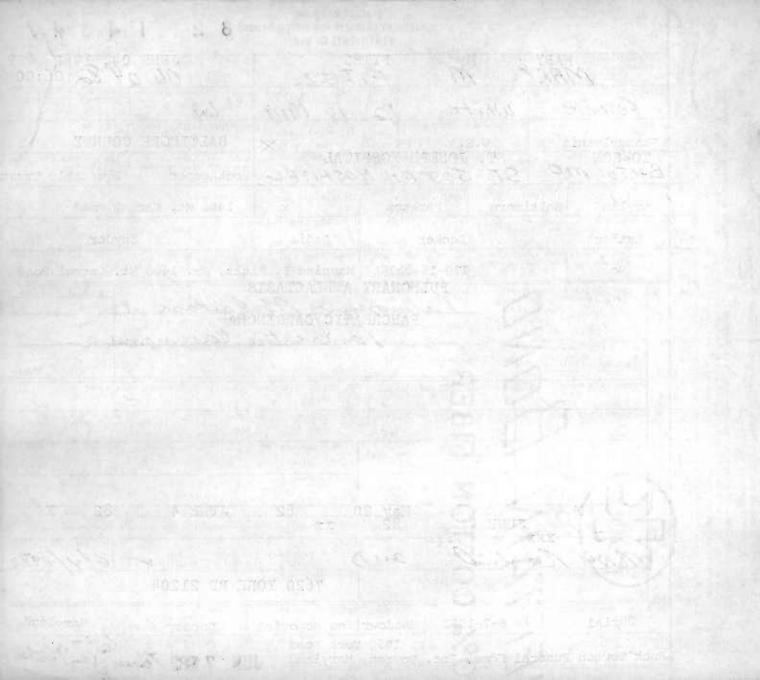
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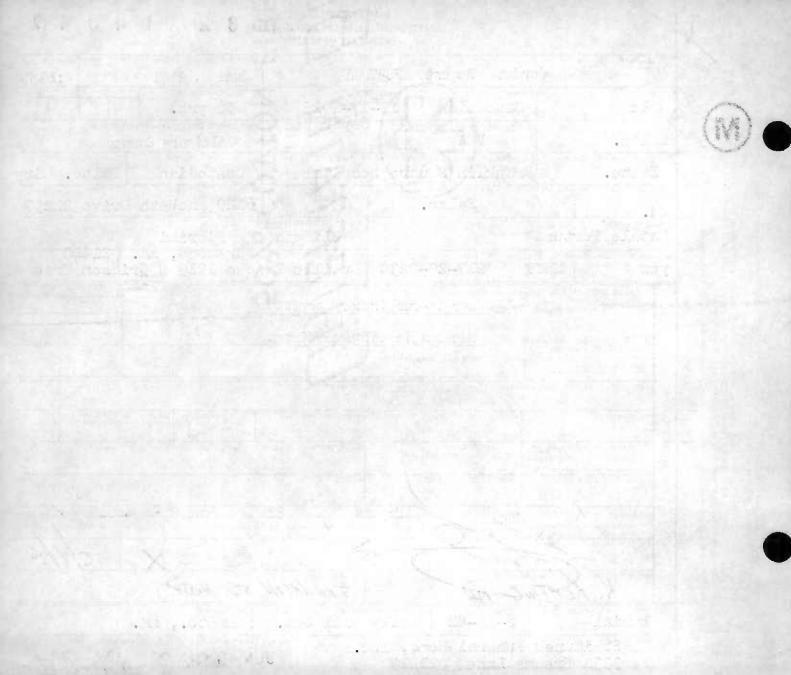


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR Jordan August June 8, 1982 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Custodian Balto. City 6129 Macbeth Drive 21239 Fiorini Edgewoods Md. 21040 Lucille Zaicko 1719 D Crimson Tree PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (pry) (our) opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED Balto., Md. COUNTY 24 FUNERAL DECHI munek Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3331 Brehms Lane 21213



Dundalk, MD. 21222

7922 Wise Avenue

JUN 14 1882 5 Sen FINUL

8728 Liberty Rd., Randallstown, MD

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

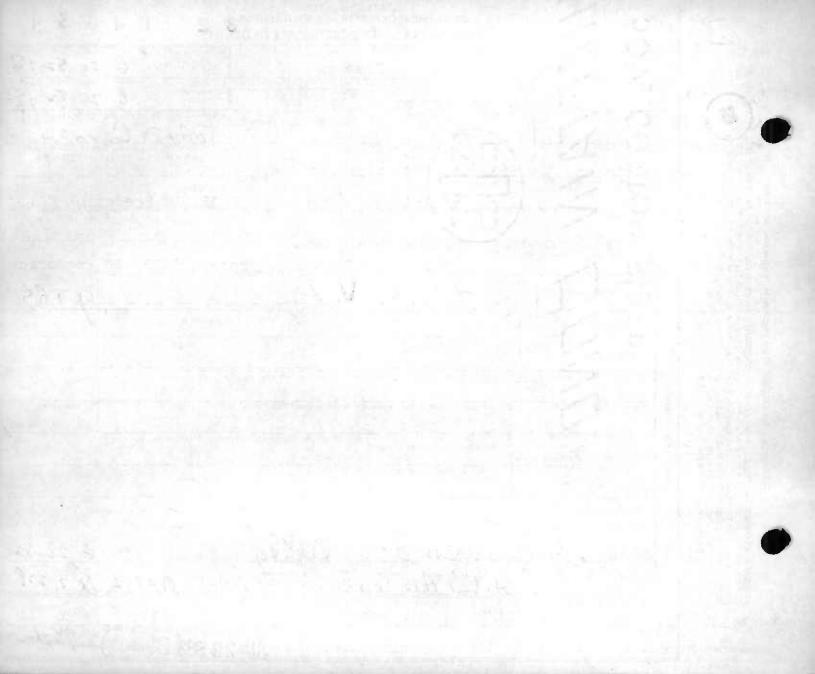
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S, 201 W. PRESTON ST., is juries that the death certific gened by the attending phy an please remave carbanpa burial, cremation, or remainy, or other traumatic event	7	PART 1. DEATH WAS CAUSE DBY IMMEDIATE CAUSE (a) Conditions, if lany, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
TAL RECORD The law requirion. Itian. It has been si set permit. The giene prior to shows any injury.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
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O HOSPITAL OR ATTER TO FUNERAL DIRECTOR should be detached for us, with the Store Dept. of H		saw the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (II) (II) (III) (III) (IIII) (IIII) (IIIIIIII
DHWH-19 20W 1/81 NAME OF THE	23a (URIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION TOWN TOWN TOWN TOWN TOWN TOWN TOWN TO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN IN MONTH (TYPE OR PRINT) OF ESTI-1982 Perry A. Freeman DEATH MATED 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF LINDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Black 10 26 98 83 Male 9. BACTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED USA ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK KIND OF FOR MOST OF WORKING LIFE) OR INDUST AND 2 SHOULD BE FLOOR WITH RECORDS Frederick Road Baltimore d 130. STATE 136 COUNTY 13c CITY OR TOWN 13d THISTOE CITY EINLITS? STREET ADDRESS Baltimore NO P 5933 Old Frederick Rd. MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Edna L. Freeman 5933 Old Frederick 705-10-5997 Yes TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CRETIFICATE, WRITING THE WORD "PRODING" IN PROCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: RWG SHOULD BE USED AS A BURIAL. "RANSIT PREMIT. AT FIRST THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRALL, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRALL, MARYLAND, 21201 PRIOR, TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that allow tharge of the remains described obave, held an Autopsy Inspection _ and in my opinion Indetermined manner death resulted from Homicide ACTUAL EXAMINER'S NAME ADDRESS TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE Burial 6/24/82 Md. Veteran Cem. Crownsville MD 256. REGISTRAR SIGNATUM Rethen 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** 1101 E. North Ave. March F/H (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND

CERTIFICATE OF DEATH

Item 13a-e phone ch DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR

The E Hall to the second secon M. Lot. Marya Taxleric Lx . Secretary on the Secretary Company that is not a new to be a series of the series of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a. DATE OF DEATH Elton Nicholas 26 HOUR Fuller, Sr. (TYPE OR PRINT) 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS 3 SEX IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) HOURS. White Dec. 26. 1894 87 Male BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Maryland WIDOWED DIVORCED [Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Byway Road Owings Mills Paint Contractor Self-Emp. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY Owings Mills 136 STREET ADDRESS
115 Byway Road 13d. INSIDE CITY LIMITS? Balto. Md. NO A 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 MIDDLE Fuller Laura MIDDLE Brown LAST DX. 16215 Ratiffoad Ave., 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-0083 Henry Fuller Monkton, Md. 21111 No 18 CAUSE OF DEATH (Enter only one couse per line for M. Jb', and Ic'.) PART I, DEATH WAS CAUSED BY near IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSECUENCE ar Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last a. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? NOW YES tronsit i 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH ntol MEDICAL ò (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Mei 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 50 CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STATE NOT WHILE WHILE AT WORK 22a I certify that (I) (this hospital attended the deceased from esse. saw the deceased alive an_ and that in (my) (point on death accorded in the date and hour and from the couses stated ew the body after death DIFGREE 226-DATE SIGNED ATTENDING A ± **MEDICAL** DIRECTOR | PHYSICIAN The ADDRESS should be MPORT 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23d. LOCATION 236. DATE Pikesville, Balto. Co., Md. (SPECIFY) June 16,1982 Druid Ridge Cemetery Burial BP. 250 MAREO BY REGISTRAR 255 JEGISTRAR SIC HATURE 24 FUNERALOTRECIOR DHMH - 16 50M 7/77 Owings Mills, Md. (VRA 15(4))

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			wings Hills, Ho.	13	13.5

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT OSEPH (SOE) GAFFORD. SEX AGE (IN YEARS LAST BIRTHOAY) HOURS MIN 11-29-1906 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Battimore 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ARCHIE U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES) -55/2 CROWSULLE HSP. CAT, CROWNSULCE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per cardiac failure PART I. DEATH WAS CAUSED BY-PRESTON ST., IMMEDIATE CAUSE neumorowa Conditions, if any, which gove rise to immediate couse lat. stating A CONSEQUENCE OF underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED INAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (this haspital) attended the deceased saw the deceased olive on above, (I) (we) (did) (did nat) view the bady after death (aur) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN should b CROWNSUILLE HSP CNT. MPORT 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE COUNTY STATE mo 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) C. March F/H 1101 E. North Ave

TOSEPT (SAC) CHEPCHEN. N B. 11-28-1905 intid standituct MIRKEHND U.S. M. THE WAY THE CROWN TO LE HERE OF THE 219 04:010 6100 FILE MERCHAND BEST WARE ENGLINES & ARCHIE . 712 197 217-09-512 (Resisples & 167 CAT, Che wassers & Kayeraing , cardiac failure Proceeding Commen C. L. A. Daryone, On 195. pageting discover affection fillings muraden 69, 11.11. NOREDAM ERK. CROWASONSE ESPONT. personal territorial beautiful and the contract of the contrac Orres want of her? Will goth Hook is 1011 His 2 respond 2 miles

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	1	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 4 3 5 8
1 74	IVI	CEASED NAME GREY LUCY VASHTI GAREY 20. DATE OF DEATH MONTH DAY YEAR 1059PM
	3. SI	remale carre "P7" PAY 89" 92 YRS MONTHS DAIS MOURS MIN.
01 11 30	70. 8	ARTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DALT. CO
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Leonard J. Ruck Inc. Baltimore, Maryland

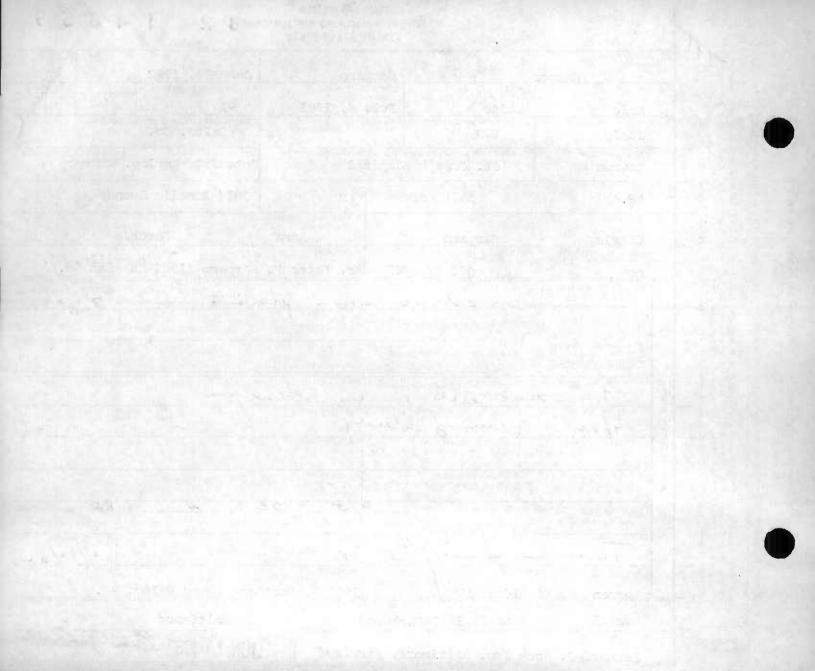
- STATE

REGISTRAR

24 FUNERAL DIRECTOR

HMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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and completely filled in by the

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DECEASED NAME FIRS	ī	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAT	YEAR	In House
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O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H	OME OR OTHER IN		120 USUAL OCCUPAT	ION	12b	KINDC	F BUSINESS O
Timonium		orthwood Di			Accountant			oustry ail:	he on
JSUAL RESIDENCE (IF NURSING HO					Accountant	-	1	атті	Loau
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FATHER'S NAME	MIDDLE	LAST	15. MOTHER	FIRST	ME			LAS	1
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WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORM	ANT	ADDRE			3 5	
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0.000.000.000.000.000	DEATH.	M. MONTH DAY	YEAR						
11 EITHER NOTIFY MEDICAL EXA	AINER) P.		19 211 LOCAT	101		-551			
-		REET FACTORY, OFFICE FARM			CITY OR TO	WN	co	UNTY	STATE
AT WORK NOT WHILE									
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saw the deceased aliv	e on	03 10 82	, and that in (my	(our) opinion	deoth occurred on the de	ate and ha	ur and fi	rom the	couses stoted
abave, (1) (we) (did) (d 22b. SIGNATURE	id not) view helbody	after death	DEGREE			-	122	DATE	SIGNED/
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FRANCIS	X. CARD	1004	32	0/ N.	CHARIES	- 1	5/1		
BURIAL CREMATION REMO	VAL 23b. DATE	23c NAM	E OF CEMETERY OR	CREMATORY	1234 LOCATION				
(SPECIFY)	100.07.76	100,147011	- O. CEMETERI OR	CHEMIATORT	CITY OF TOWN		COUN	TY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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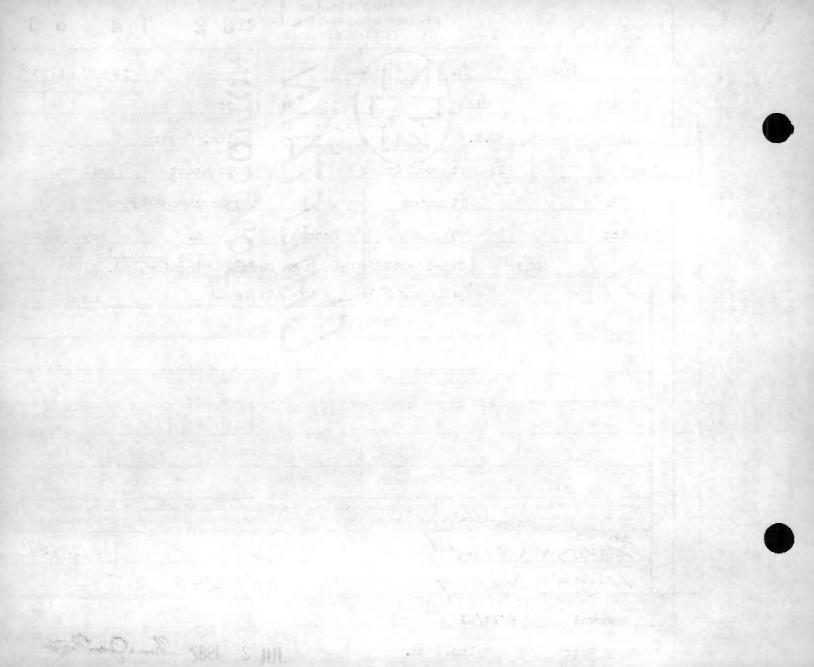
24 FUNERAL DIRECTOR Anatomy Board

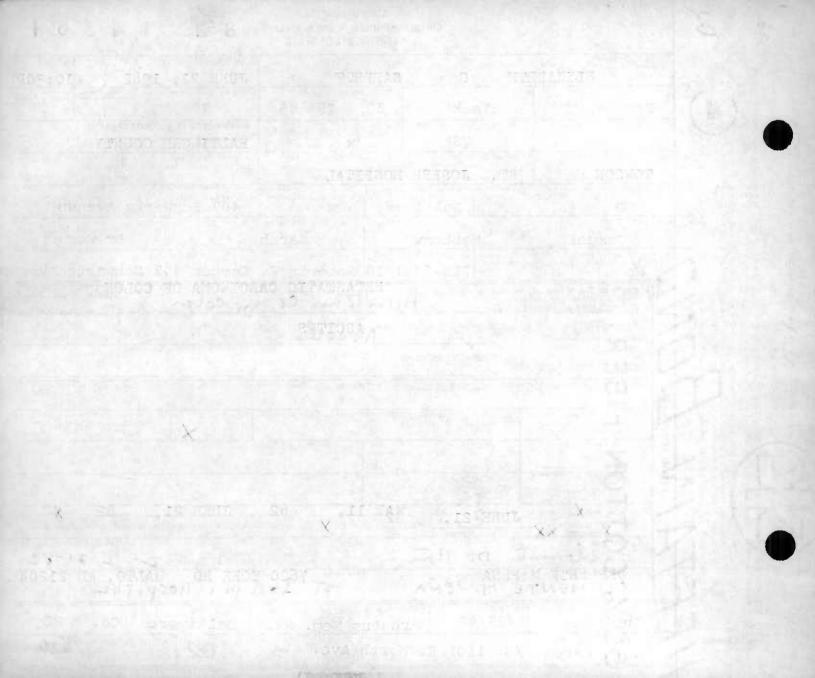
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Balto., Md.

6/24/82

256. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE





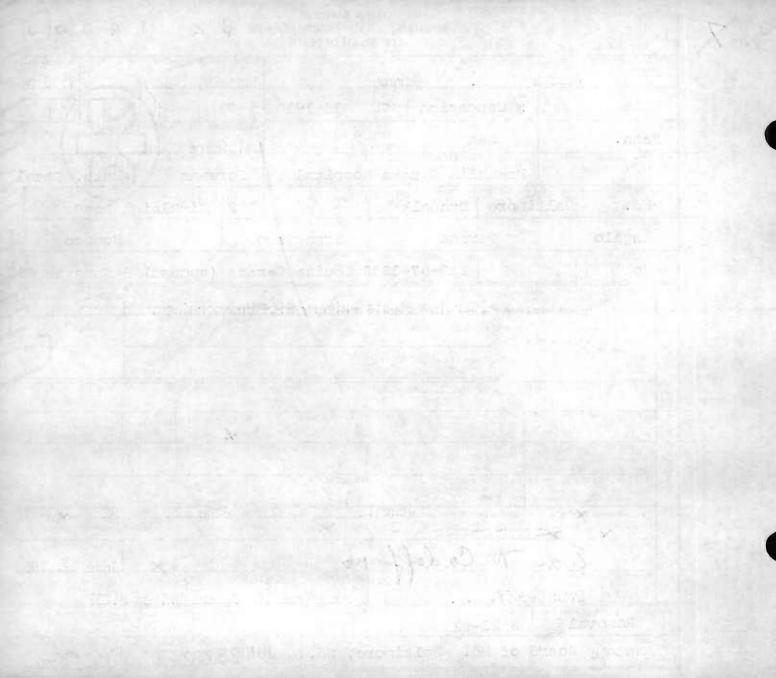
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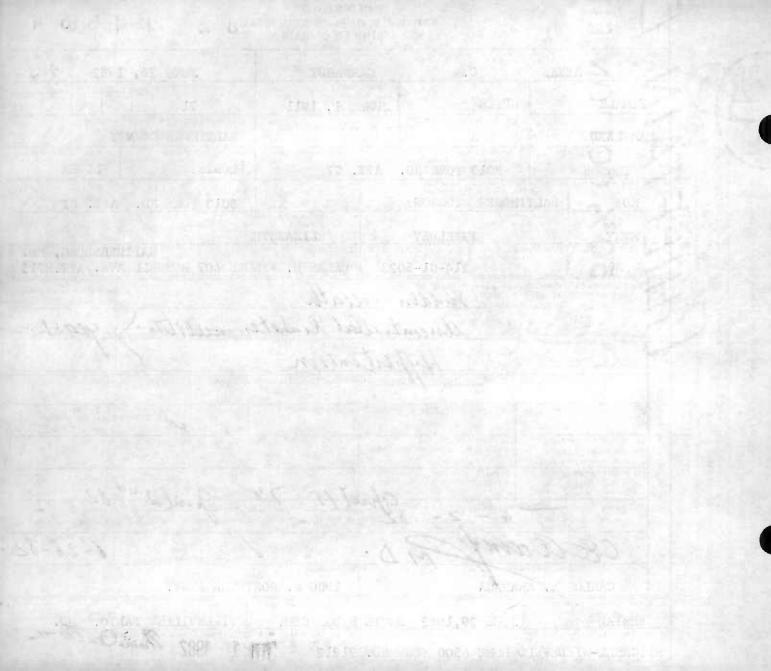
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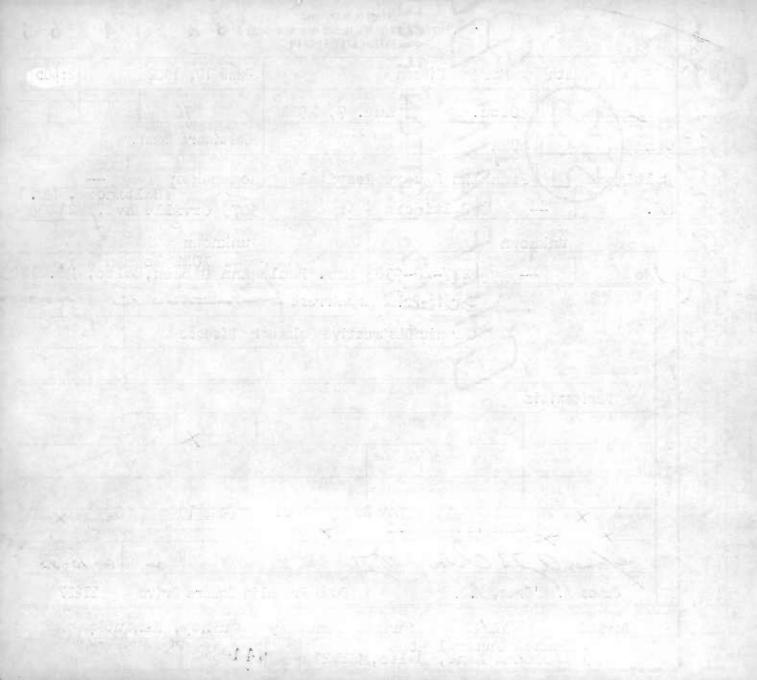
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40	M. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY	? 8		9 BALTIMO			Y OF DEATH	
52		ARYLAND	USA		WIDOWE	DAX NEVER MARRIED DIVORCED	RΔI	TIMO	RF CO	UNTY	
	10 C	ITY OR TOWN OF DEATH	11. NAME OF H		NG HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATION	ON	12b. KIND O	MD F BUSINESS OR
16		WSON	GBMC	6701 N	CHAR	LES ST		ETARY	F WORKING L	HOSPI	TAL
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,		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS		
		NO NO		214-22-4	031	HOWARD S. GA	RRETT	3819	PATT	ERSON A	VE.
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8	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY ET FACTORY OFFICE.	FARM_ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
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		220.1 certify that (I) (this hosp sow the deceased alive o above, (I) (we) (did) (did n 22b. SIGMATURE	DID NO	OT SEE		d hME (my) (our) opiniar	death accurre	d on the do	te and ha	ur and from the	
		22d PHYSICIAN'S NAME LIVE	of M	2		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		22.041	SIGNED
		T.A. FIRTH				GBMC			Test		
	(BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	JUNE 1			RIDGE CEM.	PIKES	SVILLE		LTIMORE	state MD.
		JNERAL DIRECTOR ITCHELL—WIEDER	ELD HOME	ADDRESS 6500 YO	ORK RD			SEGISTRAR 2	Sh REGIS	TRAR'S SIGNAT	Varthen

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DATE KNOWN . DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Robert Gilbert 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF LINDER I YR 2d HOUR IF LINDER 24 HRS DATE PRONOUNCED 10 82 15 4:28P DEAD Male Black 7ª BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore County DIVORCED A 3. RETAIN PAGE 5 F 0.2 SHOULD BE FILED, W ITAL RECORDS 201 WILL Maryland IO. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 12a. USUAL OCCUPATION (TYPE OF WORK Belair Rd South of NewCutRd Kingsville Laborer State Roads OSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1208 North Elwood Avenue Maryland City NO [Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Theodore Gilbert Rebecca Cooper ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Edgewood, Maryland 21040 (YES, NO. OR UNKNOWN) 220-20-0119 Irene R. Thomas, 1618 Swallow Crest Drive. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT: HEALTH AND MENTAL HYGIENE, D II, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) INER: THIS CAN.
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CTOR: RACE 3 SHOULD BE USED AS
CTOR: RACE 3 SHOULD BE USED AS
CTORE DEPARTMENT OF HEAL
CONTRACTOR OF HEAL
CONTRACTOR OF HEAL 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES WY NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 6/15 passenger in auto/auto collision 4:150 19 21e PLACE OF INJURY AT WORK NOT WHILE STREET, FACTORY, FARM, FTC. Belair Rd South NewCutRd.Kingsville.BaltoCo.MD roadway 22a. I certify that I taak charge of the remains described above, held on Suicide . Accident XX death resulted from Homicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUT TO FUNERAL D AFTER DEATH, BALTHANORE, M ACTUAL M.D. Assistant MEDICAL EXAMINER 6/16/82 SIGNATURE HORMEZ R. GUARD, M.D. EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY June 1982 Holly Hill Mem. Gardens Baltimore Buria Baltimore Marylani 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Tarring Funeral Home P.A. Aberdeen Md. 21001-3399 20M 4/82

Let 5 7 12 53 DOMENTA A 1000 aumeva booki digo 8021 # equifica vito insivent o. Albro cos cooner 910 0011 220-20-0119 Treme 1.1 tonses of the Swillow Creek Private of the Sandras of the S Burial Pictific Cartiffe in the Line College and the College and C Parring Funeral Home, E.A., Appropriate My J. 23001-3399

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
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		18 CAUSE OF DEATH Enter of	nly one couse per	line for (o), (b	o), and (c				APPROXIV	MATE INTERVAL
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7	IFIC							IN CERTIFYING	CAUSES	OF DEATH?
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9		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.		DAY YEAR	The state of the s	(ENIEW MAIORE OF INST	MI IN TIEM TO PART TOR	Laure S.	
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		220.1 certify that (1) (this has	pital) attended the	deceased fr	rom_ 06	-01-1982	- to 06	- 02-198	2 1	hat if (we) last
		sow the deceased alive a above, (I) (we) (did) (did n	06	- 02-	19 8 2 , or	nd that in (my) (our) opinion				
200		22b. SIGNATURE	di view The Body	A -		DEGREE		22	DATE S	SIGNED
			KAN	How	1	ATTENDING	MEDICAL STA	FF	06	-02-82
	10	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS	DIRECTOR PHYSI	IANA		
1		DR. BUDHI	R. D.	PATE	L	Bol. Co.	untis ben	· Hosp	si tou	Q.
3	23a B	SURIAL CREMATION, REMOVA	123h DATE		23t NAME OF C	EMETERY OR CREMATORY	23d LOCATION			0.115022719
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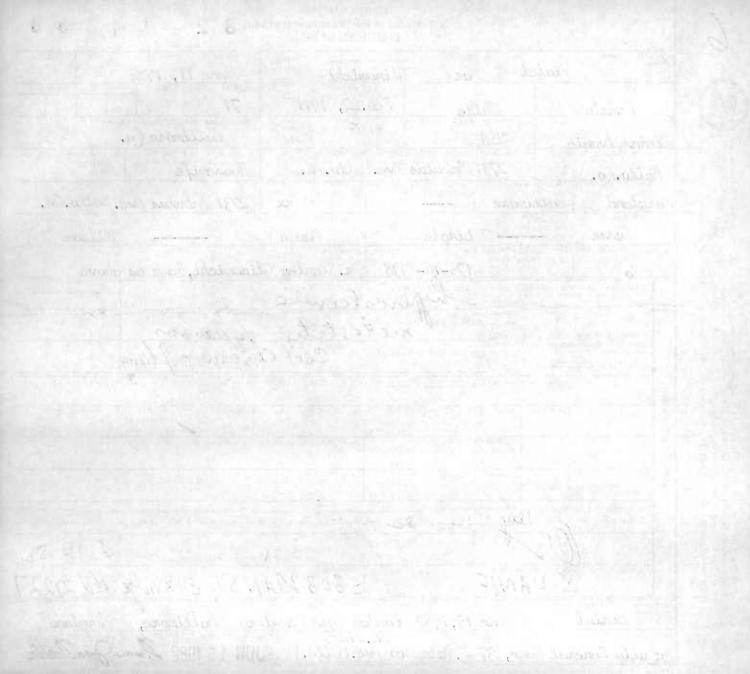
DHMH - 16 50M 1/81 (VRA 15, 4)

V C 16 1 1 1 2 2 3 mental programmer was a restricted . I Charles a series of the series published and the state of the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely Illiad in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be treed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

etained by the hospital or attending physician

DHMH - 16 50M 1/BI (VRA 15, 4)

1.	FOR STATE REGISTRAR		DEP	ARTMENT OF	EALTH AND MENTAL HYC ICATE OF DEATH	0 4.	14368
	CEASED NAME	FIRST Violet	Mae	Glino	wicki	REG. NO. 20. DATE OF DEATH MONTH June 11, 10	20 1100K
1 SE	Frmale	4. RACE	hite	5. DATE OF	DF BIRTH 22, DAY 1917 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 I MONTHS DATS HOURS A
P	IRTHPLACE (STATE OR FO COUNTRY) PENNALL VONION ITY OR TOWN OF DEAT	. US.	OF WHAT COUNTY A OF HOSPITAL, N	MARRIE	DE OTHER INSTITUTION	9 BALTIMORE CITY OR COL Baltimore	
E WSU	Calto Co. AL RESIDENCE IN NURSIN	I IF NOT	37 Arbus	EUS FIVE. L	Balto.Md.	(TYPEFOF WORK FOR MOST OF WORK	INDUSTRY
Ma	ryland 1	Baltimore	13c. CITY OR		13d INSIDE CITY LIMITS? YES NO POX	130. STREET ADDRESS 2731 Anbutus	Ave. Balto. (o.
JAn V	Jesse WAS DECEASED EVER IN	MIDDLE	Ling 18	SECURITY NO.	Maude	ADDRESS	Wilson
		(IF YES, GIVE WAR OR DATE:	51	6-8338		Linowicki, Same	as above APPROXIMATE INTERVAL BETWEEN ONSET AND DE-
TION		the last. DUE TO		G TO DEATH BUT	NOT RELATED TO THE TERM		A GIVEN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER		E OF INJURY	HICH OPERATIO	N WAS PERFORMED	YES NOW IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO N
MEDICAL C	OR CONTRIBUTING CA	USE OF DEATH HOUR	P.M. CE OF INJURY	DAY YEAR	ZII LOCATION	RED (ENTER NATURE OF INJURY IN ITE.	M 18 PART I OR PART 2)
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	ODOVE, (I) (WE) (OR	his haspital) attended office an	100	19 82,00		deoth occurred on the dote and	haur and from the causes state
	226. SIGNATURE	WW.			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6.12.8
22- 5)	(HAN)	F		5808 MA	INST. ElKY	idge Hd 212:
1	BURIAL, CREMATION, RI (SPECIFY) Burial		e 15,190		5.5 . a. a. (G G.		
	UNERAL DIRECTOR Cully Funer	al Home, 2	37 E. Pat	apsco Av	,21225 250 DAT ve.Balto.	JUN 15 1982	CISTRAR'S SIGNATURE



STATE OF MARYLAN	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR				CERTH	CAILOID	ALPAT II	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH			26 HOUR
			JOSEP	H	R.	GO	RDON			6 29	82	P. A
	3. SE	X		4. RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DATE	IF UNDER 24 HRS
01		Male		Whi	te	11	26	06	7:		DINING WATS	MIN WIN
1/2	7c. 8	IRTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER A	AARRIED -	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
0		HODE ISLAN		U.S.		WIDOWE	D DI	VORCED [BALTIMO	DRE COL	JNTY	MD
1/	10. C	ITY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME O	R OTHER INST	ITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
U.		RBUTUS	-	126	7 POPLAR	AVENU	E, 212	27	AIRCRAFT			GOV'T.
1/	13a. S	AL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS	ER		
0		.I.	PROV	IDENCE	RIVERSI	DE	YES 🗌	NO 🗆	506 WILLI	ETT AVI	ENUE,	02915
19	114. F.A	ATHER'S NAME FIRST		WIDDIE	LAST	12.00		MAIDEN NA	ME		IAC	K1
/		JOSEPH		R.	GORDON	SR.		LIVINA			RCHAMBI	EAN
3		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRE	SS		
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		18. CAUSE OF DEATH	H (Enter on	ly one couse per							BETWEEN	IMATE INTERVAL ONSET AND DEATH
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		101			R AS A CONSEQUE				struction			
		Conditions, if ony, gove rise to imp		(b)_	Cerebral	ASCVE	with	organic	brain disc	ease	5 yea	ars
۱		couse (o), stotin		DUE TO, OI	R AS A CONSEQUE	NCE OF						
		DADY O CTUED CIC		(c)								
	N	PART 2. OTHER SIGN	VIFICANIC	ONDITIONS <u>CC</u>	NIKIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 11	01
1	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	NGS USED
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2	CERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJUI			NO 🗌
7		OR CONTRIBUTING C				Y YEAR						
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	¥	WHILE NOT WH	IILE .	(AT HOME, STR	EET, FACTORY, OFFICE FA	RM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
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		sow the decease	d olive on.	June 28	, 10 8		d that in (my)	XX) opinion o	death accurred on the de	te and hour	and from the	couses stoted
4		TIL SEPATURE /	111	0.	2 mit	D	EGREE		S-157		22c. DATE	SIGNED
		MARIA	wo	(in	1118		M.D. A	TTENDING PHYSICIAN X	MEDICAL STAF	F IAN [6/29	9/82
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		Dr. Wilme	r Gal	lager			RXNEX	ANTANKA MITKE	ns Avenue XNurainaxna	Baiti	21229	MD)
		SURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF CE	METERY OR C	REMATORY	23d LOCATION		COHNEY	STATE
9	RE	MOVAL/BURI		07-03	-82	ST. A	NN'S		CRANSTON	PROVI	AGA	R.T.
	0.00	UNERAL DIRECTOR		O., MD.	ADDRESS	212	29	25a DATE	REC'D. BY REGISTRAR		AVS SIGNA	ether
	HU	BBARD FUNE	ERAL F	IOME, IN	C. 4107 W	ILKEN	S AVE.	JUL	2 1982 61	sness >	7	

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	Ĕ Ť	1	3 SE	4 RACE	, 5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
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Z	800000	<u>•</u>	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
So		o pe	WED	H TAT H	LACE OF INJURY OME STREET, FACTORY OFFICE, FARM	ETC) STREET	CITY OR TOWN	COUNTY	STATE
DIVISION	Po ter	morke		AT WORK NOT WHILE AT WORK					
D				22a. L certify that (I) (this hospital) attend	ded the deceased from	Co-18 - 19 Co	to 6 -28	19-82; that	t (I) (we) lost
	THE OF THE	\$1.12		saw the deceased alive an	19 4	2 ond that in (my) (our) apinion	death occurred on the date and ho	ur and from the cou	ises stated
	hospi RECT IRECT ept. of	lem		abave, (I) (we) (did) (did not) view the 226. SIGNATURE	body after death.	DEGREE		22c. DATE SIG	
-	0 9 0 90 3	=		B. M. Shall		ATTENDING	MEDICAL STAFF	C. DATE SIG	l a a
	by the ERAL DI ERAL DI Stote Desire Line	7		11.14.21	_	PHYSICIAN	DIRECTOR PHYSICIAN	- 16-27	5-42
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1	O 2 6 4 3	₹	23a P	URIAL, CREMATION, REMOVAL 236. DA	TE 1230 NAA	AE OF CEMETERY OR CREMATORY	23d LOCATION	001131,	
	00	MIL	1	SPECIFY)	4 1 1000 M	A CONCRETATION	CITYORTOWN	COUNTY	STATE
	BP	-	24 51	NERAL DIRECTOR	JY MAY I KIN	ELAND I ISM- TAR	VITARKVILLE B	UTO- 1.16	ARYLAND
	DHMH - 16 50M 1/8 (VRA 15, 4)	B1	79 FL	NAME NAME	ADDRESS		TE REC'D. BY REGISTRAR 256 PSGIS	TRAR'S SIGNATURE	578
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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FOR - STATE

I. DECEASED NAME

DHMH-16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

REG. NO

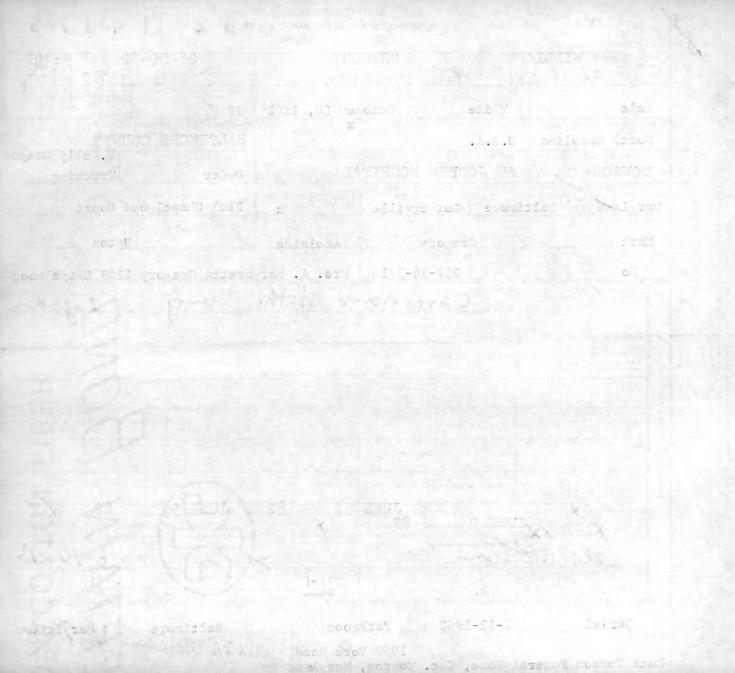
MONTH

2b HOUR

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5		FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLANI LEALTH AND MEI ICATE OF DEA	NTAL HYGIE	NE 8 2	1 4	4 3	7 6
		CEASED NAME	FIRST		MIDDLE		ASI	2	a. DATE OF DEATH		YEAR	2b HOUR
eot			eda	Virg	inia	Haje			June 2			10-30 Am
W)	3. SE			4 RACE		5. DATE (WEAD	AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
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licol	16a \	VAS DECEASED EVE	R IN U.S. AF	MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT		ADD	RESS		
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8		210. ACCIDENT WAS U			F INJURY M. MONTH	DAY YEAR	21c. HOW INJUR	RY OCCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
Hen	MEDICAL	(IF EITHER NOTIFY ME	NCAL EXAMINE	P.		19						
	MEC	21d. INJURY OCCU		21e PLACE	OF INJURY REET FACTORY OF	FICE FARM ETC)	211 LOCATION STREET		CITY OR T	NWC	COUNTY	STATE
l is mork	H	22a.1 certify that () (this hospi	tol) attended the	e deceased fro	om 9-	d that in (my) ou	19.8/	th occurred on the c	3 19	82	ha(1) (we) lost
NT: If Item 2		226. SIGNATURE	1//	ti view the body	ofter death.		DEGREE ATTE	NDING	MEDICAL STA	FF	22c. DATES	
MPORTAL		Dr.	0	W. W	ong				d. Cente	r,6801	Bela	ir Rd.
2	23a E	URIAL, CREMATION SPECIFY) Burial	, REMOVAL				EMETERY OR CREA	MATORY	236 LOCATION CITY OR TOWN	C	OUNTY	STATE
^ 1/B1 4)	24 FL	NAME DIRECTOR	cnim	6/26/ unek Fu Belair	meral	Home	kwood , Md212	250 DATE R	Baltime 25 1982		aryLa Resignar	nd Waithen

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	3 SE	X		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
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	7a BI	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	В.	VY	9 BALTIMORE CITY O		OF DEATH	
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1	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATE	F WORKING LIFE	12b. KIND C	OF BUSINESS OR
0		owson					lical Center	Merchai	ıt	Gr	ocery
5	13a. S	AL RESIDENCE (IF NURS TATE Tyland	13b. COU		13c. CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2 Hampshir	e Woo	ds Ct	21204
	14. FA	ATHER'S NAME					15 MOTHER'S MAIDEN NAM				
0		Thomas		eorge	Harring		Anna	MIDDLE		Lync	h h
	16a V	VAS DECEASED EVER			16b. SOCIAL SECU		17 INFORMANT	ADDRE	SS		
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		6 191 1			R AS A CONSEQUE			1.			
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		and trying toose	1031.	(c)							
	7	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	a i
	CERTIFICATION										
1	CA	198. DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
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	AL	OR CONTRIBUTING		NIT .		19					
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		(ole	- 6	· Kee	gu ,_		ATTENDING PHYSICIAN	MEDICAL STAF			/5/82
		224 PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS		40	1 0/	2102
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	23a D	Charles BURIAL CREMATION		Brown, M		IAAAE OF C	6701 N. Char	Les St., Ba	ILO. N	W 217	204
	230 6	SPECIFY)	KEMOVAL					CITY OR TOWN		COUNTY	STATE
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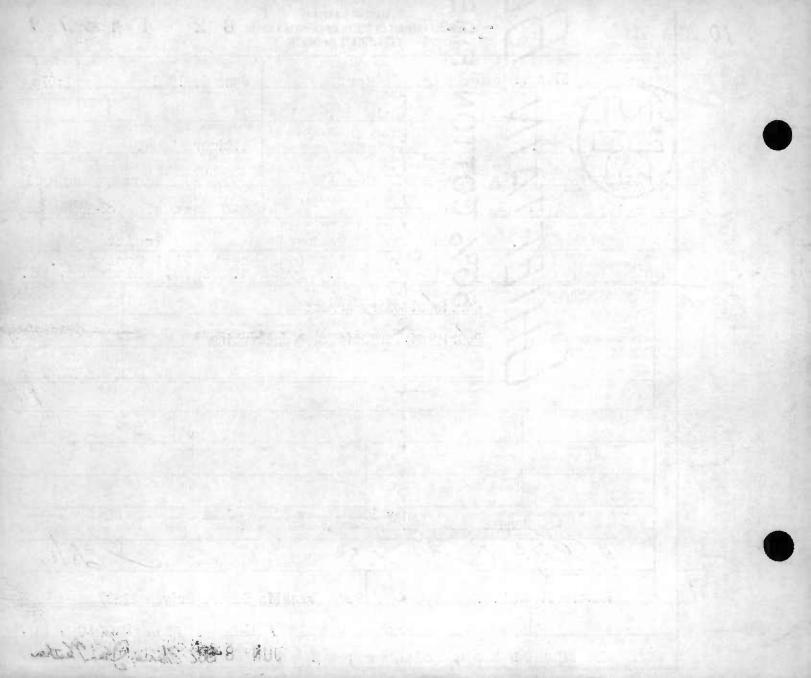
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR fitchell-Wiedefeld Home 6500 York Rd 21212

Cockeysville 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S BIGNATURE

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	City.	N. C.	1
`	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer personed by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the formational be detoched for use as the buriof-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiens prior to buriol, cremotton, or removal.	IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner most be now fied at a
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	900	Their to t	injur
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-	TO HOSPITAL OR ATTENDING PHYSICIAN; The Legined by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicis should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	MPO
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2.4	FOR - STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 2	1 4 3	8 (
8	REGISTRAR		CERTIFICATE OF DEATH	REG NO					
	PECEASED NAME FIRST	WIDDLE	ADVEV		MONTH DAY YEAR	28 HOOK			
12.5		nna E. H	ARVEY Is date of Birth	June 21,		4:34			
1.4	Female	White	Sept. 28, 1893	88	HDAY) IF UNDER 1 YE , MONTHS DA	AR IF UNDER 2			
b. 70.1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT			R COUNTY OF DEATH				
04	Washington	USA	WIDOWED DIVORCED	Daicillo	re county				
57	Rossville	Franklin Squar	re Hospital	UYPE OF WORK FOR MOST OF Housewife					
to 18 130	UAL RESIDENCE (IF NURSING HOME STATE Aryland Bal	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN 113d INSIDE CITY LIMITS?	13e. STREET ADDRESS					
	ATHER'S NAME	CIMORE MIGGI	PRIVER YES NO X		h Drive 212	220			
130	FIRST Aug	gust Kobaskie	FIRST	Elizabeth		LAST			
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (1F YES. C)	RAMED FORCES? 166 SOCIAL SI SIVE WAR OR DATES) 218 18		oright 109	Arncliffe timore. Md.	Road 2122			
ent, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), SED BY Cardi	onulmonary arrest			OXIMATE INTER			
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5	Conditions if any which	Arter	losclerotic cardiova	ascular dise	ase				
er troun	Conditions, if ony, which gove rise to immediate couse (a), stoting the	10)	OSCIErotic cardiova						
or other troum	gove rise to immediate couse (a), stoting the underlying cause last	DUE TO, OR AS CICONSEI	Te obstructive pulm	onary diseas	e				
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s ony injury, or other troum	gove rise to immediate couse (a), stoting the underlying cause last	DUE TO, OR AS CHOOSE (c) CONDITIONS CONTRIBUTING I heart disease	Te obstructive pulm	onary diseas	e DITION GIVEN IN PART 1206 IF YES, WERE FIN	DINGS USER			
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STATE OF MARYLAND

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REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH 76 HOUR 2 IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13e STREET ADDRESS 852 W. 34th St. 21211 MIDDLE Appelby ADDRESS 3414 Chestnut Ave. APPROXIMATE INTERVAL 20e AUTOPSY? 70s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NOT YES [NO F THE HOW INJURY OCCURRED. [ENTER NATURE OF THERE IS NOT IN THAT I OR PART I) CITY OR YOUNG COUNTY MARK. and that in (my) (our) opinion death occurred on the date and hour and from the course stated 27r. DATE SIGNED 6/7/82 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

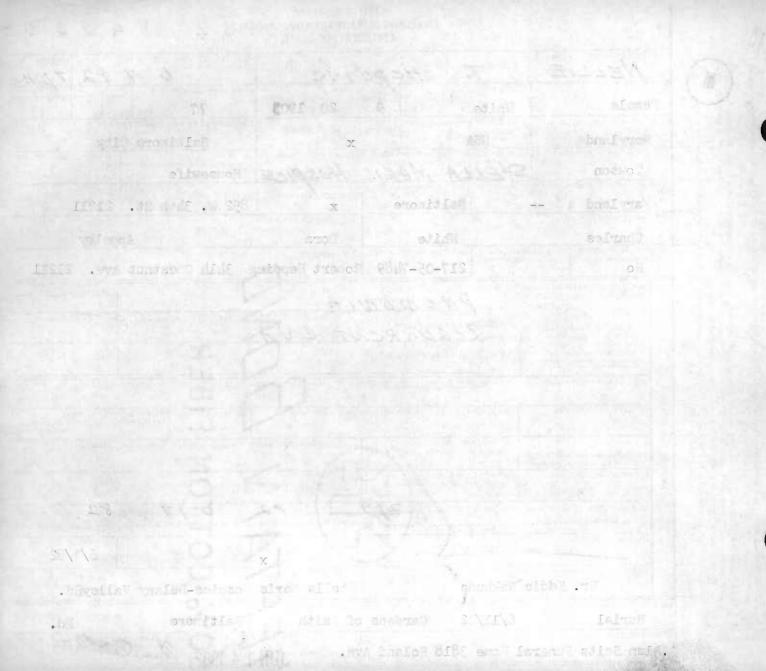
Stella Maris Hospice-Dulany ValleyRd. 23d LOCATION Burial Baltimore Gardens of Faith

Alan Seitz Funeral Home 3818 Roland Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Md. STATE



STATE OF MARYLAND

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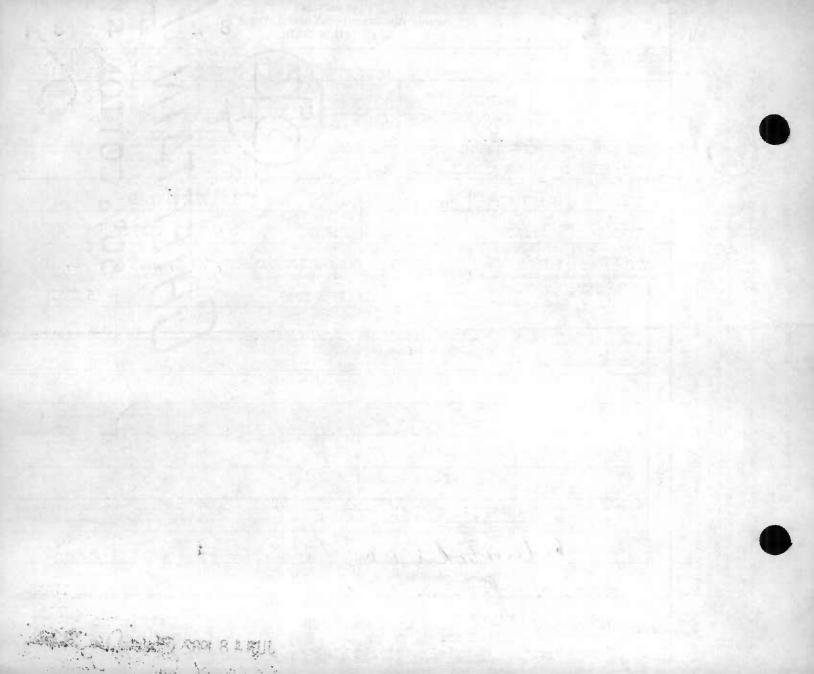
DECEMBER S. MODIN INC. THE CLOSE OF THE PROPERTY OF SHEET STATES

PRESTON ST.

201 W.

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND



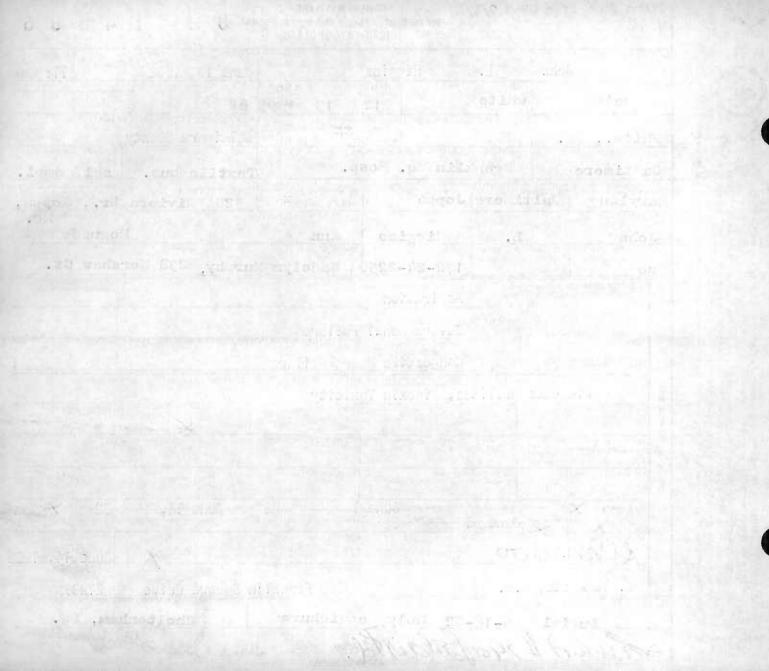
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

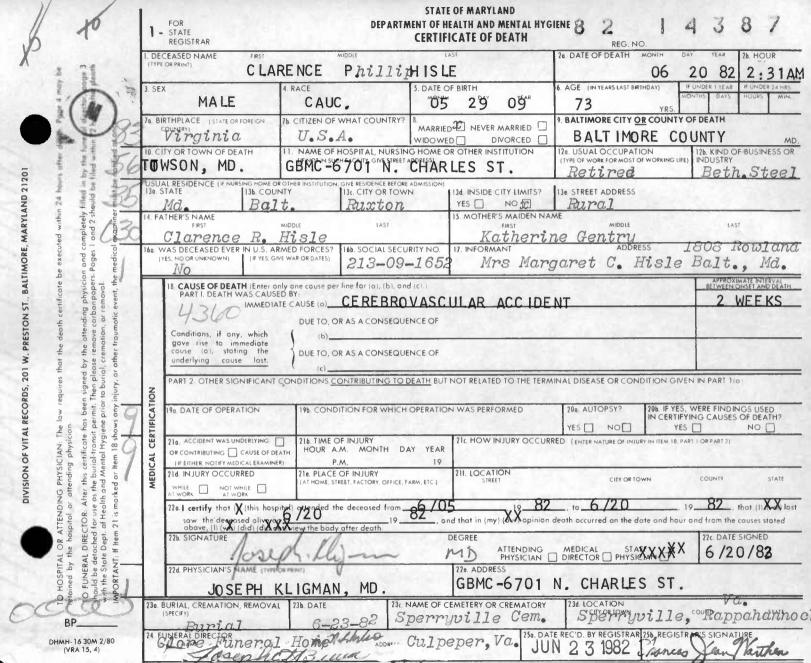
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

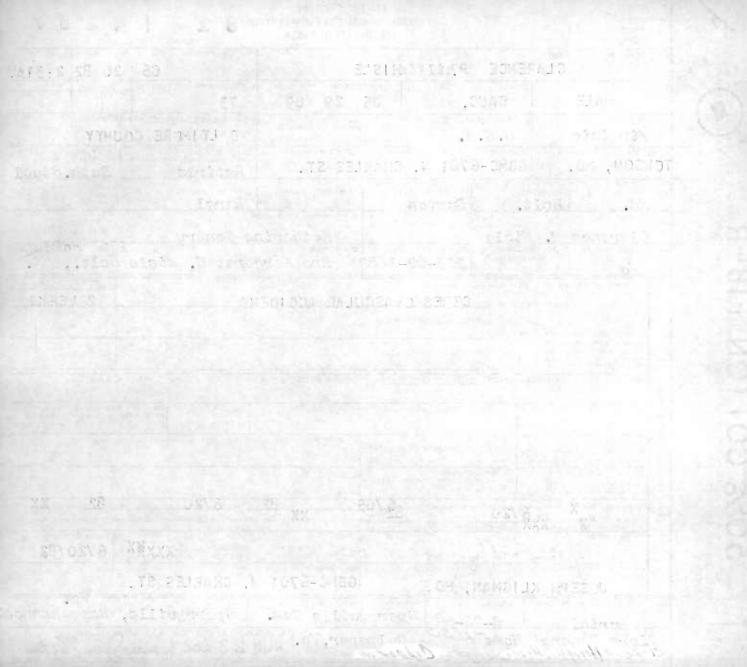
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(VRA 15, 4)

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

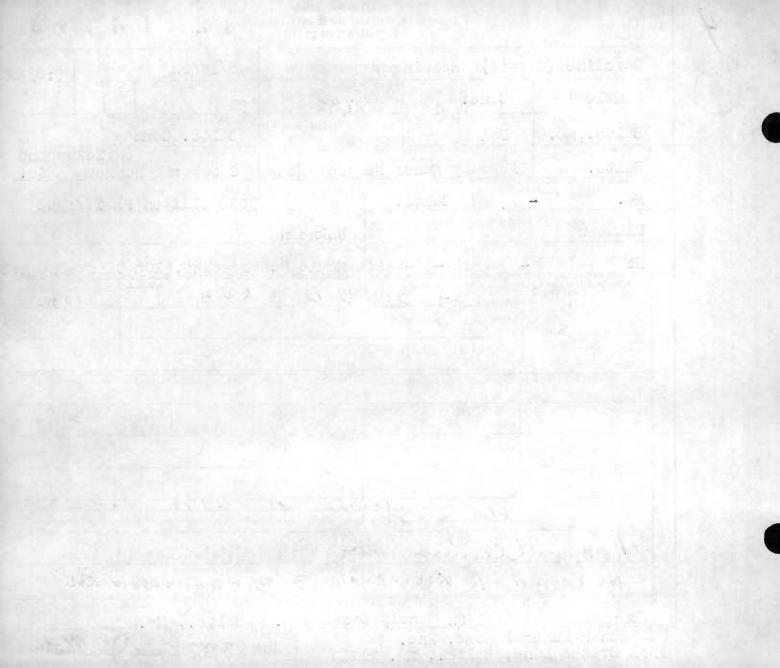
CERTIFICATE OF DEATH

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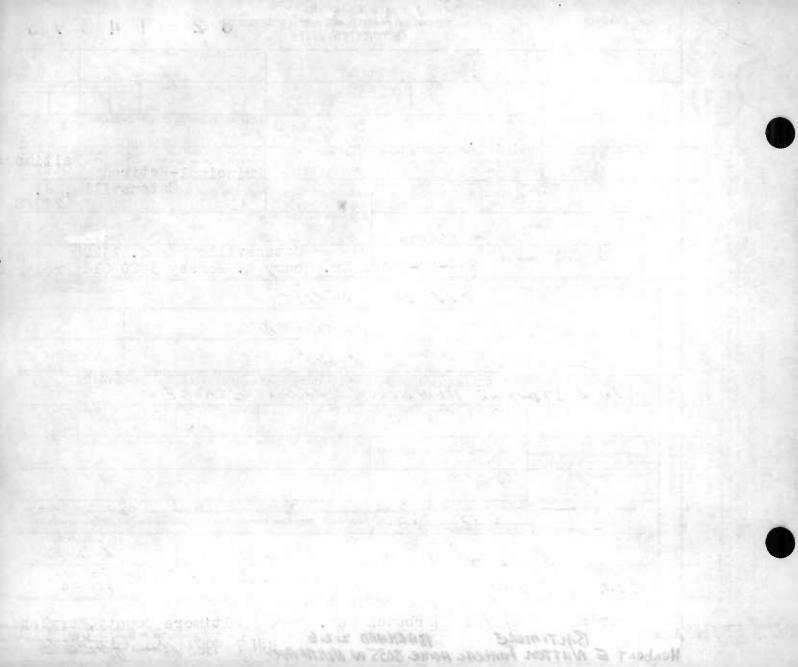


Mitchell-Wiedefeld Home 6500 York Rd 21212

(VRA 15, 4)

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ITEN tuneers Home 5035 W. N



Balto., Md.

CERTIFICATE OF DEATH REG. NO LAST MIDDLE 20 DATE OF DEATH MONTH 2b HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 304 Stevenson Lane 1007 Cowpens Ave. Mrs. Dickens Warfield Towson, Md. 21204 BETWEEN ONSET AND DEATH D MINUTE 206. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN COUNTY 6/22/82 250 DATE REC'D. BY REGISTRAR 251 ADDRESS

1982

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

DHMH - 16 50M 1/B1 (VRA 15, 4)

Removal

24 FUNERAL DIRECTOR

Anatomy Board

- STATE

REGISTRAR

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STATE OF MARYLAND

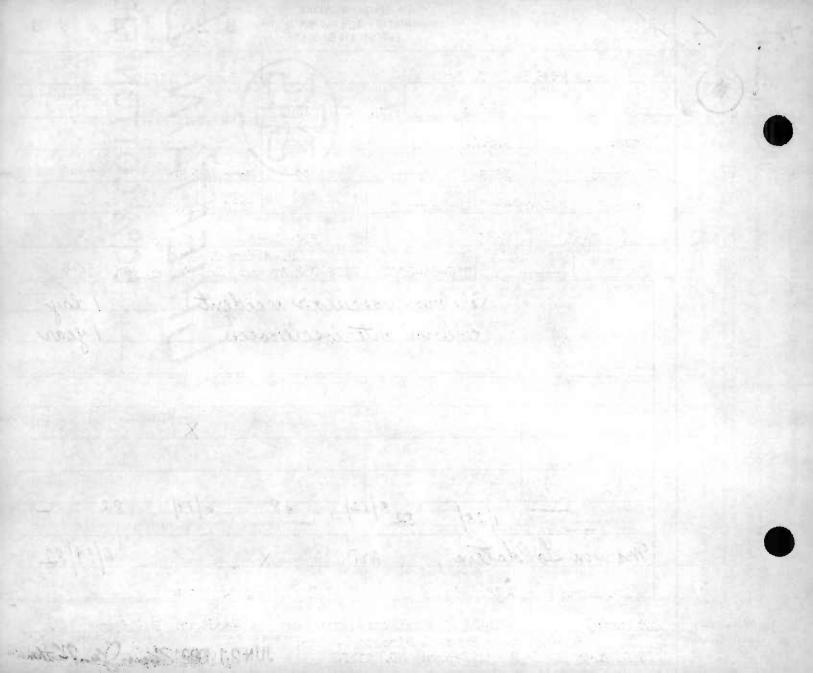
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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YEAR	2h HOU	JR

	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	1	4 3	9	8
1	I DECEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH		Y YEAR	2b HOU	R
		ifred W. Hoyt			June 19.	1982		100	M
	3. SEX	4 RACE	5 DATE	OF BIRTH	6. AGE LIN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER	24 HRS
	Female	White	Jan.		81	YRS	DAYS DAYS	HOURS	MIN.
	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	ED MEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	F DEATH		
	Mass.	U.S.A.	WIDOW		Baltima	ore Cou	ntu		MD,
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	F BUSINE	
4	Lochearn	3875 Oak Az	onno	21207	Home Maker		INDUSTRE		
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	113d INSIDE CITY LIMITS?	13e. STREET ADDRESS				
1	Maryland Balt	timore Lochean		YES NO	3815 Oak A	venue	21207	,	
	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE		52501		
	Fred	Wood		Elizabe	th Re	ynolds	LAS	1	
1	160 WAS DECEASED EVER IN U.S. AL		CURITY NO.	17 INFORMANT Mr. A	Iden G. Hos	\$			
	No	215-42-	5641	3815 Oak Ave		nore. Mi	D. 212	07	
Ī	18 CAUSE OF DEATH (Enter o	only one cause per line for (a), (b),	and (c).)	4			APPROX	MATE INTER	VAL
1	PART I. DEATH WAS CAUSI	ED BY: ATE CAUSE (0) Cerebro	- Na	scularac	cident		10	lay	,
	7360	DUE TO OR AS A CONSEQ	UENICE OF					1	
1	Conditions, if ony, which	((b) Cerebro	l ar	scular ac teriosclero	esci		1/1	lear	1
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ				1111	0		
1	underlying couse lost.	(c)							
Ì	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	יכ	
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
	MO DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES		
A	at I				YES NO	YES		NO [
1			DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T I OR PART 2]		
١	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19						
1	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OF IC	OWN	COUNTY	5	TATE
1	AT WORK NOT WHILE AT WORK			101 10	- 1	1	0.1		-47
1	220.1 certify that (I) (the hose	atel attended the dedeased from	8301	12/ 1968	, to	. 19	8d	that (1) (*	-c) lost
1		ot) view the body after death	000.0	nd that in (my) (eve) apinion d	death accurred on the d	ate and hour a			ited
1	22h SIGNATURE	014.		DEGREE	MEDICAL STA	EE	22c DATE	SIGNED	
4	marron Le	reastern,	//	1.D. ATTENDING PHYSICIAN	DIRECTOR PHYSIC		16/19	1187	
	224 PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS			- 1	1	
4	Dr. Marvin	Goldstein		6001 Park He		ue			
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	51	TATE
1	Entombment	6-22-82 Wo	odlawr	n Mausoleum	Woodlawr	1 Balt	imore,	MD.	
	24 FUNERAL DIRECTOR Loring	g Byers Funerals	Direc	tors, Inc. 250 DATE	REC'D, BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE	
	8728 Liberty Road	d Randallstown,	MD.	21133 J	UN 21 1982	Cronce	Main	Theil	There

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	REGISTRAR				CERTIF	FICATE OF DEATH		REG NO	0.		
	CEASED NAME	FIRST		MIDDLE		LAST	2a DATE O	F DEATH J		th 1982	b. HOUR /U
	WES	SLEY	T.		HUDS	ON		Ju	ne	582	10 PN
3. SE	X		4 RACE		5. DATE		6 AGE IN	YEARS LAST BIR	THOAY)	IF UNDER LYEAR	F UNDER 14 HRS
-	Male		White	e	May	12, DAY 1904 EAR	78		YRS	MONTHS BAYS	HOURS MIN
70 B	IRTHPLACE (STATE OR FI	OREIGN "	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RE CITY C		Y OF DEATH	
	Maryland		U.S.	A.	WIDOWI			BALTI	MORE	COUNTY	MD
10 €	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	120 USUAL	OCCUPATE	ION	125 KIND OF	BUSINESS OR
	TOWSON			SEPH'S H		'ΛΤ	Fore	eman B	eth S	Steel (A	Retired
13a	AL RESIDENCE (IF HURSI STATE Maryland	13P CON	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOW Rosedale	ADMISSION)	138 INSIDE CITY LIMITS?	13ª STREET	ADDRESS Weight	rn Ro	7	
14 F	ATHER'S NAME			11100000000		YES NO NO NO.		g.u			
	Thomas		MIDDLE H	udson		Christine		WIDDIE		Mehm	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRE	SS		
[NO OR UNKNOWN)	(# 162 C)	VE WAR OR DATES)	213-09-1	370	Mrs Ruth M	Hudson	2	San	me	
	18 CAUSE OF DEATH	H (Enter or	nly one couse per	lined a report com	II MON	ARY ARREST				APPROXIMA BETWEEN ON	ATE INTERVAL
CERTIFICATION	gove rise to imm cause ioi, stating underlying cause PART 2 OTHER SIGN ASCUL 19a. DATE OF OPERAT	g the lost	conditions <u>co</u>	how Hed	DEATH BUT	Failure D	200 AUT	OPSY?	20b. IF YE IN CERTI	IVEN IN PART TO	F DEATH?
ERT	21g, ACCIDENT WAS UND	ERLYING [216. TIME O	F INJURY		21c HOW INJURY OCCUR	YES TERM	NO			NO []
	OR CONTRIBUTING C			M, MONTH DA			, , , , , , , , ,				
MEDICAL	CIF EITHER NOTIFY MEDIC ZIG INJURY OCCURR WHILE NOT WHI AT WORK	ED	21e PLACE		ARM ETC)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	sow the decease	d olive on	June .	19		nd that in (my) (our) opinion	death accurre	une ed on the do	ste and ha	ur and from the co	
(Teller	a.	Ha	etus	0	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		6/5	182
	77d PHYSICIAN'S NA		HOU	7		ST. JOS	EPN!	s Ho	50-	Bacto	ned
23a. I	BURIAL, CREMATION,	REMOVAL	23b. DATE	23€. №	NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION		COUNTY	STATE
	Burial		6/9/	82	Park					Maruland	44
24 F	UNERAL DIRECTOR			ADDRESS		25a. DAT	E REC'D. BY	REGISTRAR	251 PUGIS	1.0	faither
	Leonard J	Ruck	Inc. Ba	ltimore,	Mary.	land	אועוג	1 1000	CPAN	rego Dan	100

Leonard J Ruck Inc. Baltimore, Maryland

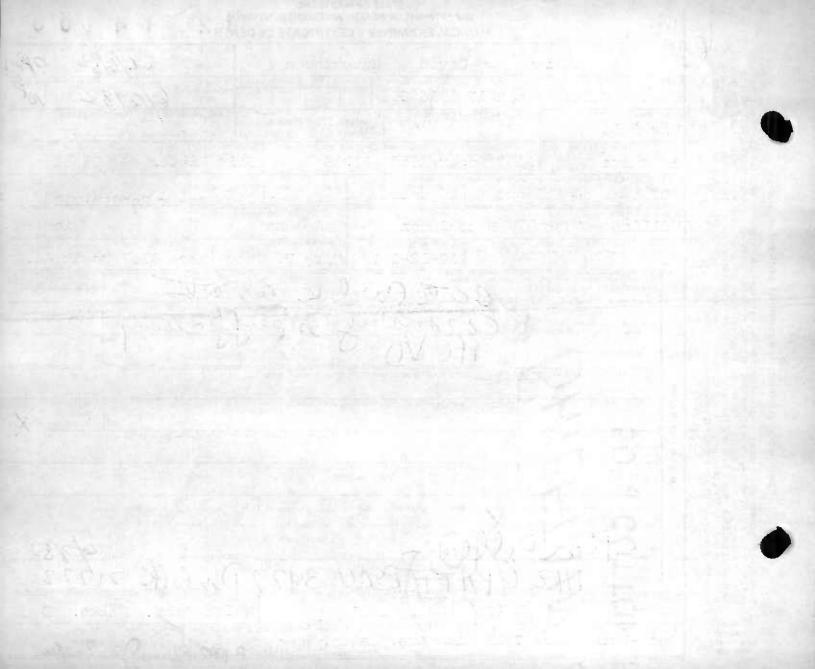
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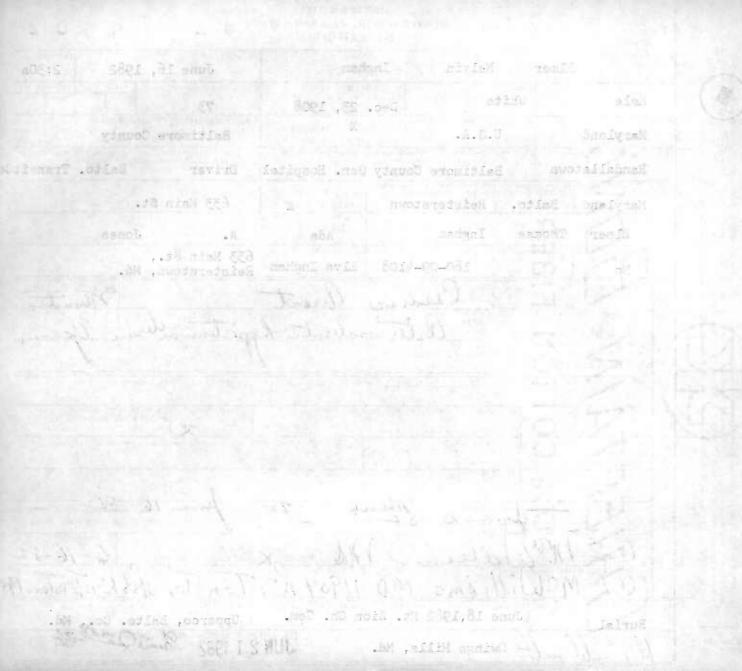
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20 20 E 3 12 18 B ASOLD Conjusting that to low Diantes Level Esperation and Sugar THE PROPERTY SEE ALL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN OF ESTI-(TYPE OR PRINT) William Hutchinson David 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. LIE UNDER 24 HRS DATE 65 PRONOUNCED White Sept 19 Male 116 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Virginia USA WIDOWED [DIVORCED Baltimore County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS Steel Roger Road Ship Fitter Edgemere 21219 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Edgemere 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3107 Roger Road 21219 NOVEX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph Joanna MIDDLE 'Via Will Tam Hutchinson 21219 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) PAGES 217-12-3678 Mary V. Hutchinson 3107 Roger Rd. No CAUSE OF DEATH (Enter only one cause per line for (a), (b); land (c APPROXIMATE INTERVAL HEADO DHA TSONO HEEWTER PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSOURNICE CH lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 3 SHOULE DEPARTMENT PRIOR TO BURIL 86 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 21e. PLACE OF INJURY (AT HOME. 216. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL DAFTER DEATH, MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23t. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 6/9/82 Holly Hill White Marsh 21224250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Duda-Ruck, Inc. 7922 Wise Ave. Balto. (VR A15 ME (5)) 15M 7/77



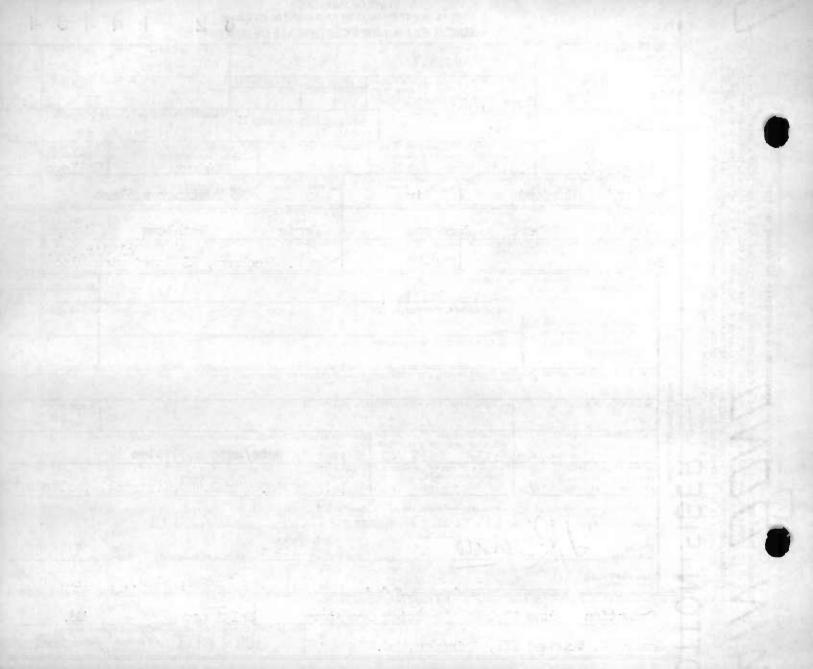
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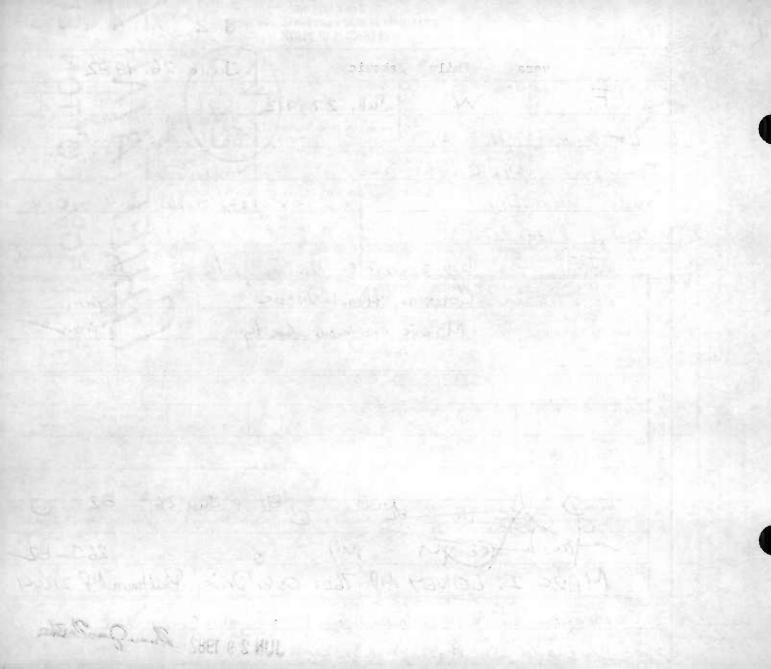


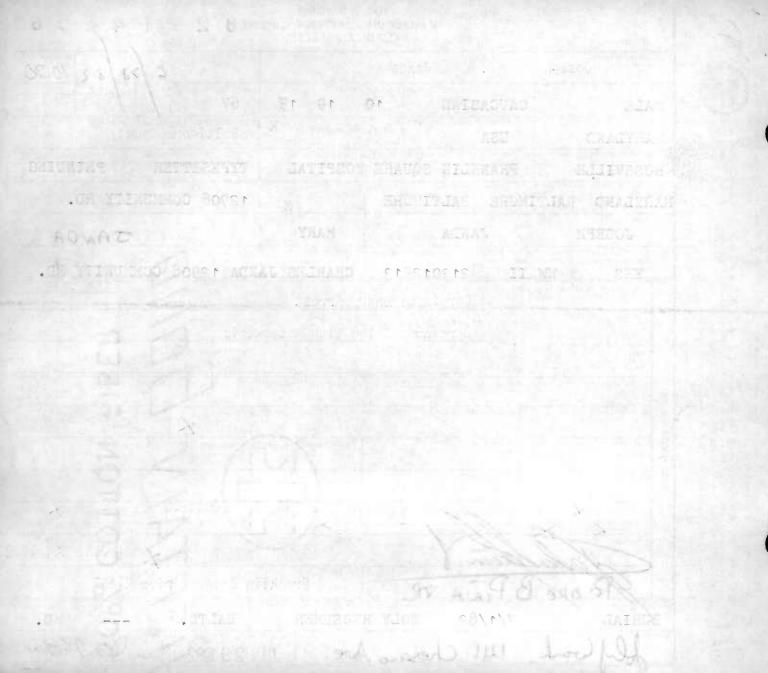
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9	VICTION NOT VIDOWED DIVORCED DIVORCED BLACK COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION 128. KIND OF BUSINE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	ESS
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be execu-	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNANOWN) HE YES GIVE WAR OR DATES) 215-80-845 Rosemany Irby 4019 Reisterst	to
physicic npaper movol.	18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTE	PYAL
th cert	4140 DUE TO, OR AS A CONSEQUENCE OF P. P. P. L.	5
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equires the signed of the place of the place of injury, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.	
The low residen.	TO DISTRIBUTE THE STATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES NO YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18. PART : OR PART 2)	TH?
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PHYSICIA tending p tr this certiful the buriol- ind Mentol	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICALEXAMINER) P.M. 19 21d. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY S THE TIME TO	STATE
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My Shot of O	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	-
13BP	Buriel 6/26/82 Mt. Auburn Cen. Baltimore m	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	Wm. C. March GIH 1101 E. North Ave. 250. Date RECIDENTARY 256 REGISTRARY 256 REGI	en

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	1		FOR STATE			DEPARTMENT OF		AND MENTAL H	YGIENE	2	1 4	4	0	4
	0		REGISTRAR CEASED NAME	FIRST	MEL	DICAL EXAMIN	IER'S CE	RITIFICATEO	F DEATH	REG. N		- 1		
	25 8 25 FE		E OR PRINT)	Todd	F	Russell	3	lacobson		ATE KNOWNY OF ESTI- ATH MATED	□ MONTH	15	19 82	Zb HOUR
	PER	3. SE)		+- '	DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA		DAYS HOURS	MIN. PROP	DATE NOUNCED DEAD	MONTH 6	DAY	YEAR 19 82	24 HOUR
	ATH. IF ANY DELAY IS NECESSARY, PLEASE S. 1, 2, AND 3 TO THE FUNERAL DIRECTOR PM. 3 STERAIN PAGE 5 FOR YOUR FLIES. WITHUS 2 SHOULD BE FILED, WITHUS 72 HOURS. WITHUS FREED, STREET,	FO	RTHPLACE (STATE OF REIGN COUNTRY)	7b	USA	IAT COUNTRY?	8 MARRIED	NEVER MARRI	ED X 9 8/	ALTIMORE CITY	OR COUN	TY OF D	EATH	14.24
	HE FUN GE 5 F		TY OR TOWN OF DE	ATH 11	NAME OF HOS	PITAL, NURSING HOME	WIDOWEL E, OR OTHER		12ª USUAL C	Baltin CCUPATION (TO DE WORKING LIFE)		12b KIN	ND OF BUILDING	SINESS RY
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21201	AND STAND	130 S Ma	ryland	Harfor	d	Bel Air	113	Id. INSIDE CITY LIMITS?	25 Hu	ntingto	n Pla	ce		
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BALTIMORE, MD.	URS AFTER DEA B. GIVE PAGES WITH FORM F IT. PAGES LAN DIVISION C		5, NO, OR UNKNOWN)	(IF YES, GIVE WAR		218-72-692	23 J	ohn R. Ja	cobson,	25 Hun	tingt	On P	race	
	283		PART I DEATH	WAS CAUSED BY	Y:	for (o), (b), ond (c).) Multiple i	niurie	0.5				BETW	PROXIMATE VEEN ONSET	AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	SE EXECUTED SE EXECUTED SE ENDING." IN PROPERTY OF SECURITY OF SEC	N	PART 2 OTNER SIGNIFICA	INT CONDITIONS CON	TRIBUTING TO DEATH I	OUT NOT RELATED TO THE TERM	AINAL OISEASE O	R CONDITION GIVEN IN PAI	RT 1 (a),			7		
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF-TO FUNCTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL,		EXAMINER'S NAMI	/ \	Hormez	R. Guard.M.	D	DDRESS 111 Pe			toME	21:	201	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔎

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IERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical example.

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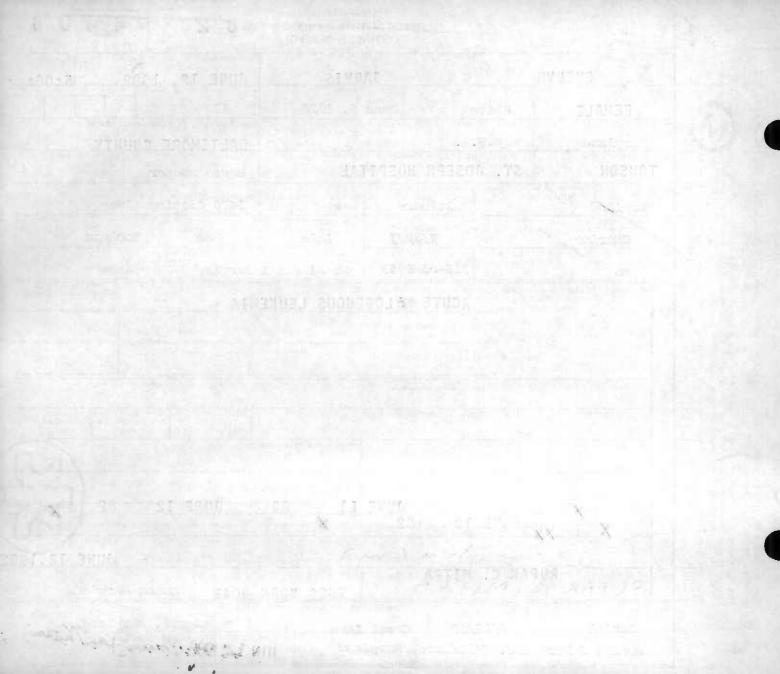
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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

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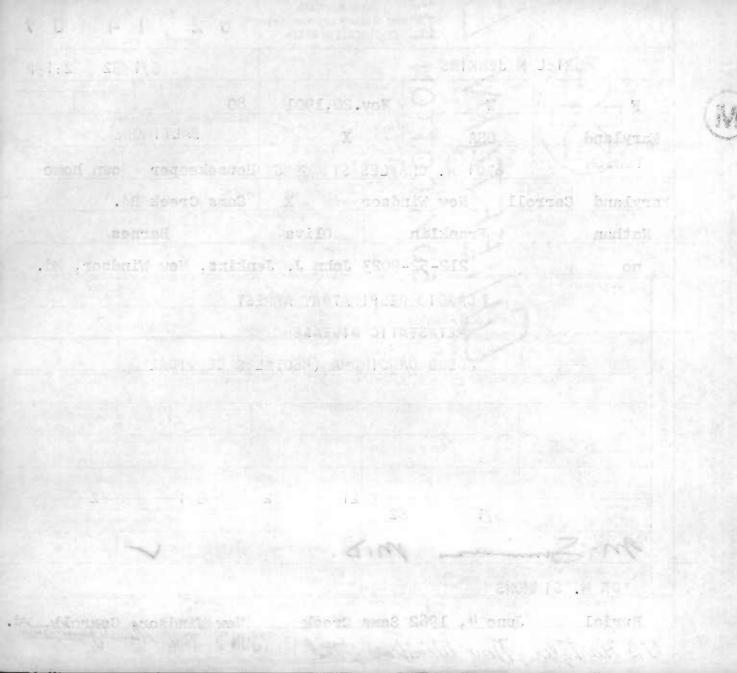
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(VRA 15.4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical physical be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

ATTENDING PHYSICIAN: The law

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 4 1 C

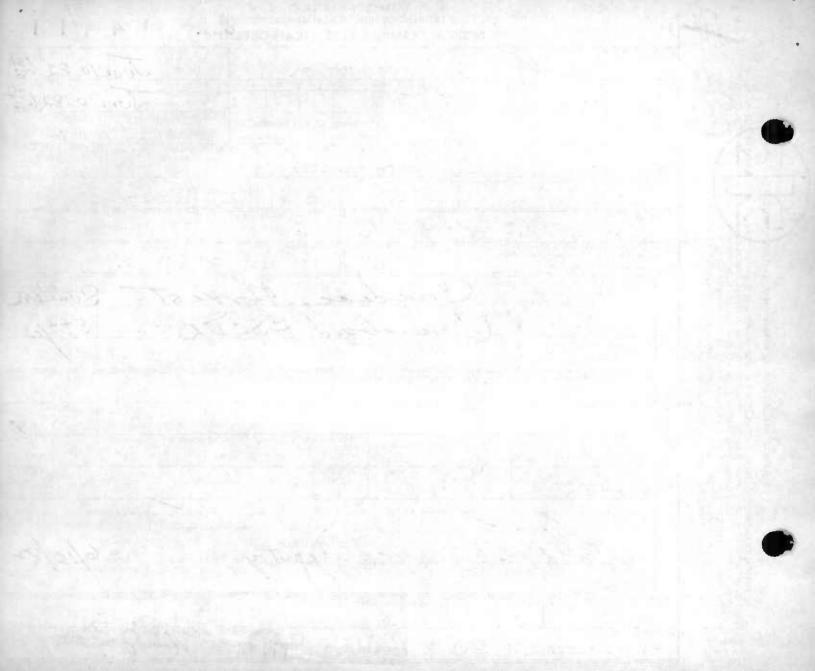
CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2ª DATE KNOWN TTYPE OR PRINTI Johnson, Jr. Henry DEATH MATED SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS TIF UNDER 24 HRS IF UNDER 1 YR. DATE NONTH O. 65 PRONOUNCED 14 16 DEAD Male Black 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR FOREIGN COUNTRY MARRIED NEVER MARRIED Baltimore County USA WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Franklin Square Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 130-STREET ADDRESS 1309 Mohrs Lane 30 STATE Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Johnson, Jr. Laura Prescoe Henry 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-07-5376 741 Mello Ct. WWII Yes Jean Maith 18. CAUSE OF DEATH (Enter only one course per light for (p) (b), and (c).) PART I DEATH WAS CAUSED BY OR REMOVAL. IMMEDIATE CAUSE IN DUE TO BURIAL - TRANSIT Canditians, it any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, BE EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNCTION. PAGE 3 SHOULD BE AFTER DEATH WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21d EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a. I certify that I taak charge at the remains described above, held an Autapsy Inspection and in my apinian Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230, BURIAL, CREMATION, REMOVAL 236, DATE STATE Baltimore Co., Burial 6/14/82 Md. King Memorial Pk. BP. 24 FUNERAL DIRECTOR **DHMH-17** IIO1 E. North Ave. C. March F/H (VR A 15 ME (5)) 15M2/80



ury, or other troumotic

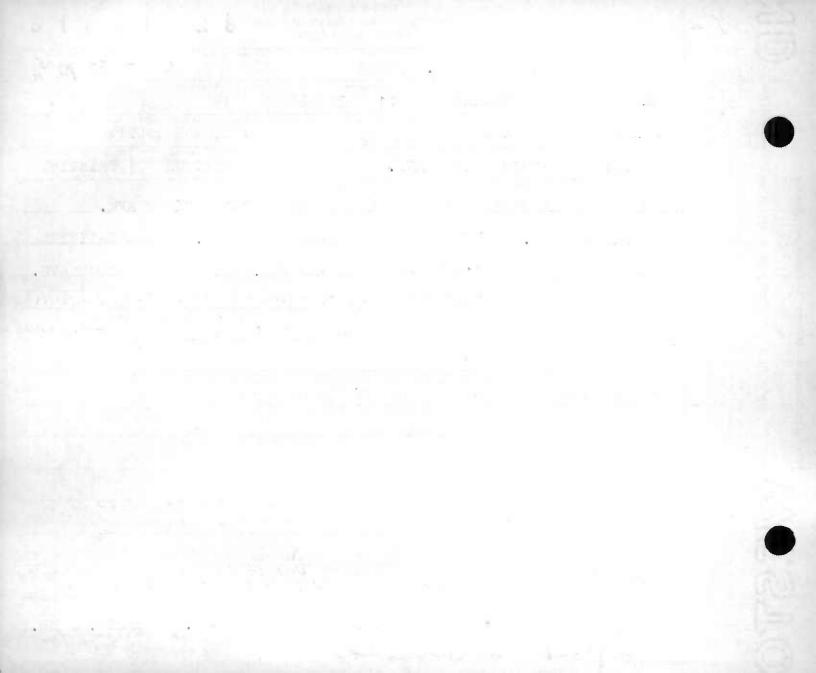
VRA 15, 4)

death. Page 4 may be

STATE OF MARYLAND

1		FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	IENE 8 2	14	4 1 2
	1 DE	CEASED NAME FIRST	M.	Jones	AST .	June 17, 198		26 HOUR 5:45 a
	3. SE	Fem.	Cau.	S DATE O		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
5		Md.	U.S.A.	MARRIE		Baltimore C	ounty	ME
1		Balto.		quare How	OR OTHER INSTITUTION	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemaker	PKING LIFE) 126. KIND INDUSTRY	OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OF ATT THE TABLE OF A	Y Balte	P BEFORE ADMISSION) R TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 6013 Easter	in Phwy. 2	2/206
0		Ernest	B. Fiedle	er_	IS MOTHER'S MAIDEN NAM	WIDDLE	L	AST
2		NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		L SECURITY NO. 4-5267	Alice E. Jon	nes 6013 faste	ern Play.	
	7	PART I. DEATH WAS CAUSED & IMMEDIATE (Conditions, if ony, which gave rise to immediate couse lot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CON (b) Pn DUE TO, OR AS A CON (c)	eumonia SEOUENCE OF		inal disease or conditio		XMATE INTERVAL LONSEL AND DEATH
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE YES [7]	INGS USED S OF DEATH?
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT		NO []
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY O	OFFICE, FARM £1C)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that (this haspital) sow the deceased blive an above, (we) (did 18 of 1) 22b. SIGNATURE) attended the deceosed to the large death.	-19 - 82 - , on	3 19_82 Id that in 19 (our) opinion of operation of operation of operation of operations operations of operations of operations operations operations of operations ope	, to June 17 leath occurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN	22c DAT	that (we) last e causes stated E SIGNED
		72d. PHYSICIAN'S NAME (TYPFORPR	P42		FRANKLIN S	9 HOSP. GODO		sa pr
	23a B	Entomoment UNERAL DIRECTOR NAME	236. DATE 6-21-82 2. 6415 Belo	Lorrain	EMETERY OR CREMATORY RE Park Cem. 250 DATE JU	23d LOCATION CITY OF TOWN Balto. E REC'D. BY REGISTRAR 258	Balto.	M. M.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR COMATURE FUTE OF THE RECOVERY OF THE PROPERTY OF

Charles >

JUN

1	FOR - STATE REGISTRAR		DEPARTM		FICATE OF DEATH	IENE 8 2	0.	4 4	14
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONIH E	AY YEAR	26 HOUR
1		ell Joe	1 JONES			June 6, 1	982		1:30p A
SE		4 RACE		S. DATE		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
12	Male	W	nite	May		60	YRS	ONTIS DATS	HOURS MIN
70 B	COUNTRY)	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	Penna.	US		WIDOW	ED DIVORCED	Baltimore	County	y	MD
	Rossville	Frank	Lin Square	HOS	pital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Mechanic	ION DE WORKING LIFE		OF BUSINESS OR
130 M		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES NO T	13e. STREET ADDRESS 1739 Earh	ardt F	Rd. 212	221
14. F.	ATHER'S NAME FIRST Jam	MIDDLE es Jones	LAST S	ELX	15. MOTHER'S MAIDEN NAM	Ellen O		LA	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE		17. INFORMANT	ADDRI	SS		
	YES, NO OR UNKNOWN) YES WWI	I	186 14 1	1874	Joan Jones	Sam	е		
NO	cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)	ONTRIBUTING TO D	lerot EATH BUT	ic cardiovasc			EN IN PART 1	o
CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	Hypertens TION FOR WHICH O	1011 OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	nemo.	NGS USED S OF DEATH?
EDICAL CERT	YES NO YES YES YES YES NO YES YES NO YES YES							hand	NO []
MEDI	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE								
	220.1 certify that (10 (this hospi saw the deceased aliveran above, 10 (we) (aid) (decease	June 6	e deceased from 1986 after death.	2, or	nd that in (🌠 (our) opinion d	, to <u>June 6</u> leath occurred on the de	ote and hour	ond from the	that (we) lost couses stated
	276. SIGNA LIFE 276. PHYSICIAN'S NAME (TYPE O	LL .	, ,	1.D.	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	F IAN	6 / C	SIGNED L
	Dr. Fr	iedrich			9000 Frank	lin Square	Dr.	21237	
	Burial, CREMATION, REMOVAL	6-9-82	C. T. C.		EMETERY OR CREMATORY Hill Mem.Garde	23d. LOCATION	1357	county,	Md. STATE

Old Eastern Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNE AT DIRECTOR
Bruzdzinski Funeral

Home

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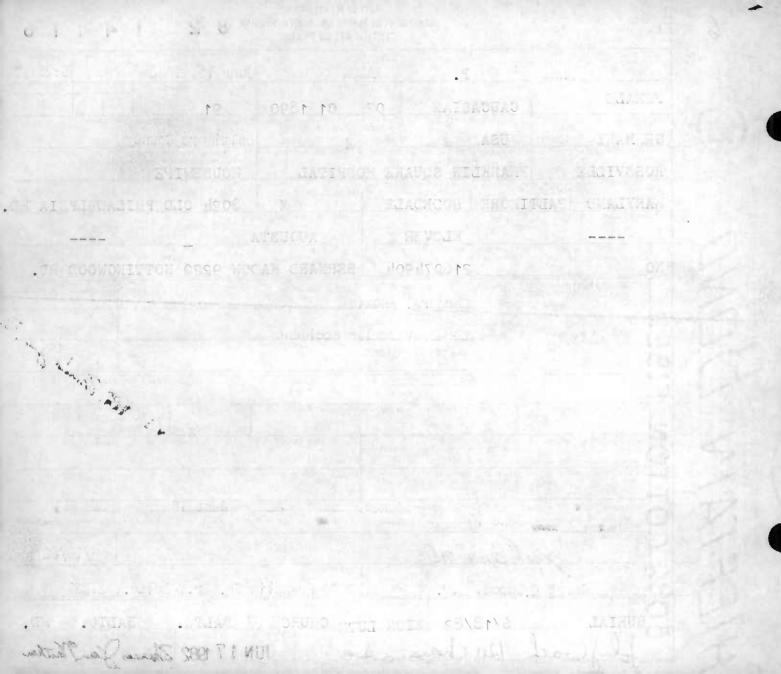
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

		FOR				E OF MARYLAND			
	1.	- STATE REGISTRAR		DEPARTA		FICATE OF DEATH	GIENE 8 2	14	4 1 6
100		CEASED NAME FIR	251	MIDDLE		LAST	20 DATE OF DEATH		YEAR 2b. HOUR
	1	Anr	na	P.	KA	DOW	June 16,	1982	5:25
	3. SE	X	4 RACE		5. DATE		6 AGE (IN YEARS LAST		1 YEAR IF UNDER 24 HRS
3.1	E .	EMALE	CAUCA	ASIAN	07	01 1890	91	YRS.	DATS HOURS MIN
77		RTHPLACE (STATE OR FOREIC	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	тн
1		ERMANY	USA		WIDOW	DIVORCED	Baltimore		ME
3	-	ITY OR TOWN OF DEATH	(IF NOT IN SUI	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS		CIND OF BUSINESS OR
1		OSSVILLE AL RESIDENCE (IF NURSING H	FRANKI	LIN SQUA	RE H	OSPITAL	HOUSEW:	FE	
15	13a. S	STATE 13b	COUNTY	13c CITY OR TOW	N	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	3	
1	_	ARYLAND BA	ALTIMORE	ROSEDA	LE	YES NO X	8024 01	LD PHILAD	DELPHIA R
30	13.17	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAST
	láa V	VAS DECEASED EVER IN U	S ARMED FORCES?	KLOVER	PITY NO	AUGUST		RESS	
		YES, NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)						7000
	141			2160749		BERNARD KA	LDOW 9220	NOTTINGW	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		PART I. DEATH WAS C	AUSED BY.					BEI	WEEN ONSET AND DEATH
		4360 IMM	EDIATE CAUSE (a)	Cerebral	_Anox	1a			
				R AS A CONSEQUE				- R	
		Canditions, if any, whi	ote)	Cerebrov	ascul	ar accident			
	1	cause (a), stating t underlying cause la		R AS A CONSEQUE	NCE OF				
		PART 2 OTHER SIGNIEIC	ANT CONDITIONS CO	ONTRIBUTING TO D	SEATH BUT	NOT RELATED TO THE TERM	AINIAL DISSASS OR CO.	IDITION CONT. ALD	
	NO	TAKE OF TEKSIONING	ANT CONDITIONS C	ONTRIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	NDITION GIVEN IN PA	ARI IIO
600	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	
1	TIFIC		100				YES NO	IN CERTIFYING CA	NO []
0	CER	210. ACCIDENT WAS UNDERLYI		OF INJURY .M. MONTH DA	VE AD	21c. HOW INJURY OCCUR			
7	CAL	OR CONTRIBUTING CAUSE	OI DENIII	.M. MONTH DA	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR 1	OWN COUN	NIY STATE
	>	AT WORK NOT WHILE] [AT HOME, SI	REEL, PACTORY, OFFICE, PA	ARM ETC]	31,666	Cirioki		JIAIE
		220.1 certify that (this		_	June:	7 19_82	to June I	6 19 8	2, that • (we) last
		saw the deceased all above, (we) (did)	view the body	6 19_	82_, 01	nd that in 🗰 (aur) opinion	death occurred on the	date and hour and fro	m the causes stated
15		226 SIGNATURE	1 11	^		DEGREE			DATE SIGNED
			Jorge C Buss	re, MO.		ATTENDING PHYSICIAN (MEDICAL ST.	AFF ICIAN	6/16/82
		224. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS		11. 218.711	
		Jorg	e c.Busse,			9000 Frankl	in Sq. Dr.,	Balto., 2	1237
		URIAL, CREMATION, REM	OVAL 23b. DATE	231 N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		BURIAL	6/18	3/82 ZI	ON T.	Umi CHURCH	BALTO.	BALT	O. MD.
	24 FL	INERAL DIRECTOR	1	ADDRESS		250 DA	TE REC'D. BY REGISTRA	R 256. REGISTRAR'S SIG	GNATURE



7	1-	STATE REGISTRAR		DEPARTMEN		EALTH AND		YGIENE		4	1	9 6		/
d		CEASED NAME FIRST	MID	DLE	LA	AST.		2a [DATE OF D	REG. NO.	NIH DA	Y YEAR	2b. HC	DUR
Н	TYPE	John			Var	10				_	11	82		
	1. SE		4. RACE	5.	Kar			6. AC	GE (IN YEAR	S LAST BIRTHDA		UNDER LYE		DER 24 MRS.
6	Ma	1.	7.71. 3 4.	100	MONTH	DAY	YEAR	_				JNIH! BAY	5 HOURS	MIN
B,		15 ATE OR FOREIGN	Whit	HAT COUNTRY? 8	11	13	1922	9 B	9 ALTIMORE	CITYORC	OUNTY O	DEDEATH		
2	W	Outviery					MARRIED							
5		TY OR TOWN OF DEATH	U.S.	A. IW	IDOWEL		NORCED [Baltin	CUPATION	ounty		OF BUSII	MD.
	100		ACILITY, GIVE STREET ADD	STREET ADDRESS)					OR MOST OF WO		INDUSTR	RY		
		Indalk AL RESIDENCE (IF NURSING HOME OR	6551 Pa	rnell Ave	nue			S	teel	Worke	r	Bet	h. St	ceel
6	13a S	TATE 136 COUN	1TY 13	CITY OR TOWN	1		CITY LIMITS?		STREET AD					
4	-	ryland Balt	imore	Dundalk		YES 🗌	NO X		551 P	arnel	1 Ave	enue	10000	
21	14 FA		MIDDLE	LAST		IS. MOTHER	E'S MAIDEN N	AME	,	MIDDLE			LAST	
4		Charles		Karis			arcell	a				Kapa	chink	kas
1		/AS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURIT	Y NO.	17 INFORM	ANT			ADDRESS	6551	Parn	ell A	Ave.
	No			293-12-40	95	Essi	e P. K	aris			Balto	. MD	212	222
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per lin	e for a . Ibandic	11	- 0	19	0 -	1:			BETWIE	NI STAMIKO	TERVAL ND DEATH
	W		E CAUSE (o)	June	100	10200	4 /	pr	eszen			1	IKS	
		4/11	DUE TO, OR A	AS A CONSCOUENCE	EON A	_	0.1	n	NOV	2 11	14	7	1.0	
d		Conditions, if any, which	(b)	Help	re	Day	CV	/ w	WY	war	1	1	ns	
		gove rise to immediate couse (a), stating the	DUE TO, OR A	S A CONSECUENC	E OF							0		
		underlying couse lost	(c)										STATE OF	
		PART 2 OTHER SIGNIFICANT	ONDITIONS CON	TRIBUTING TO DEA	TH BUT I	NOT RELATE	D TO THE TEL	RMINAL	DISEASEC	RCONDITI	ON GIVEN	IN PART	1/0"	
	ō													
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OP	ERATION	WAS PERF	ORMED	20	On AUTOPS			WERE FINE		
	TIFI		4 11000					YE	ES N	OD	YES		NO	
7	9	210. ACCIDENT WAS UNDERLYING	216. TIME OF I	NJURY MONTH DAY	VEAD	21c. HOW I	NJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN	ITEM 18 PAR	1 TORPART 2	1	
	AL	OR CONTRIBUTING CAUSE OF DEA	1111	MONTH DAT	19									
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY		211. LOCAT				ITY OR TOWN		COUNTY		STATE
	2	AT WORK NOT WHILE	AT HOME STREET	FACTORY, OFFICE, FARM	.ETC)	21461				III OK IOWIA		000111		STATE
		22a.1 certify that (1) (this heaps	ottended the d	deceased from			19.70	2	to G	- 11	. 19	82	_, that (I)	(we) lost
	1.1	sow the decessed alive of above, (i) we i and ide no		19	, one	d that in (my) (our) opinio	n deoth	occurred o	on the dote o	and hour o			
	1	22b. SIGNATURE	///	ner death.	D	EGREE			/			22c. DA	TEAIGNE	<u>p</u>
		Nu	1000	0			ATTENDING PHYSICIAN		DICAL	STAFF		6	11/8	ア
,		224 PHYSICIAN'S NAME (TYPE O	R PRIVIT	/		22e ADDRE		LEF DIK	LCTOK [THISICIAN		1.0		
		Dr. Jose	tosuico			612	Main	St.		Laur	el.	MD.	20	707
	23a B	URIAL, CREMATION, REMOVAL	proportion to the construction of the	23¢ NAM	AE OF CE		CREMATORY		3d LOCATIO				U	
	(SPECIFY)	6/11/1	43 1 5 5 5			-1 0-1		CITY OR	TOWN	***	6	W.	These .

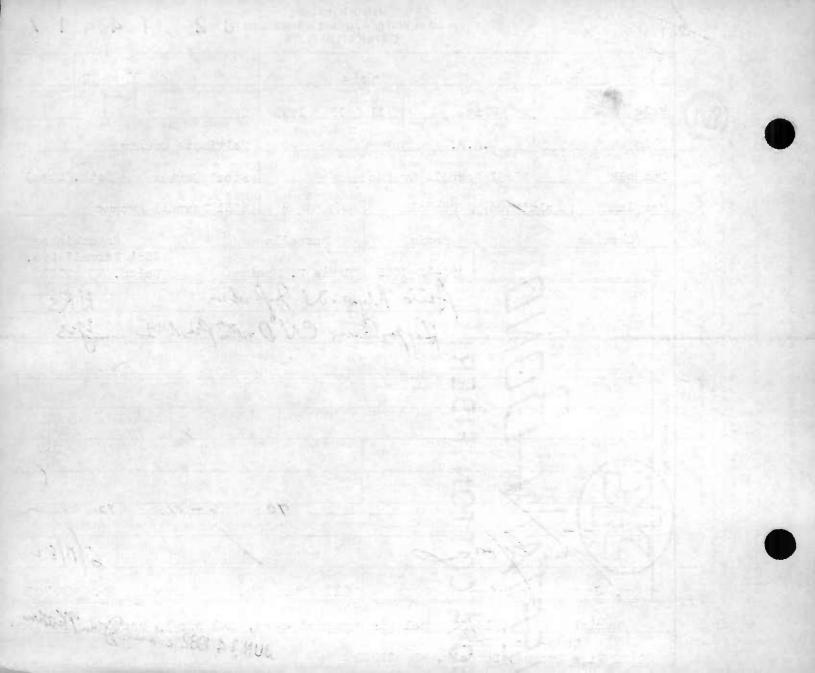
DHMH - 16 50M 1/81 (VRA 15, 4)

Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD

24 FUNERAL DIRECTOR

21222

250 DATE REC 3 BARE 1982 R 250 JOHN 1 4 1982 R



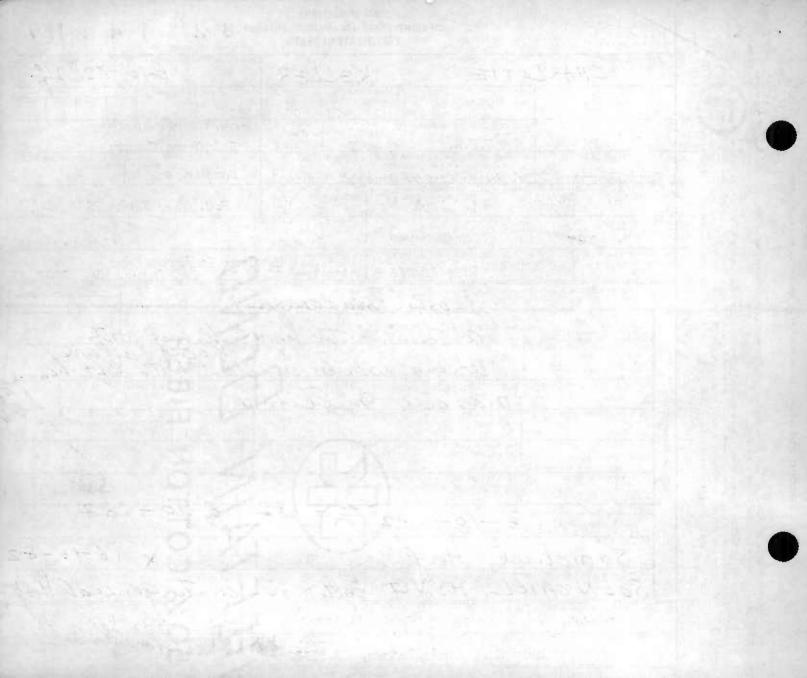
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STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2
CERTIFICATE OF DEATH		DEC

	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	4419
	1. DECEASED NAME FIRST CHARL	10TTE	K	KELLER	20. DATE OF DEATH MONTH	10 -82 26 HOUR
	3. SEX Female	4. RACE White	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYFAR IF UNITY R 24 HRS MONTHS DATS HOURS MIN.
1	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) PA	Th CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED		9 BALTIMORE CITY <u>OR</u> COUN Baltimore Co	
1	Randallstown USUAL RESIDENCE (# NUR	11. NAME OF HOSPITAL, NURSING INFO IN SUCH FACILITY, GIVE STREET Paltimore County	ADDRESS) I Gene:		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEW2 fe	IZE KIND OF BUSINESS OR INDUSTRY
	PA York	LITY OR TOW 13c. CITY OR TOW K York	e admission) /N		13. STREET ADDRESS R.D. #3 , Y	ork PA
1	14 FATHER'S NAME Mr. Henry	MIDDLE Heinemey		15 MOTHER'S MAIDEN NAM FIRST Sara	MIDDLE	Le fever
,	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1F YES, G	RMED FORCES? 166 SOCIAL SECU- IVE WAR OR DATES) 188-03-8		17 INFORMANT Aug 6811 Campfie	sburg Lutheran ld Rd., Baltimo	Home pre, MD 21207
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only ane cause per line far (o), (b), an ED BY: ATE CAUSE (a	CP3	endomina	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	0 Soll	estic hea	it disease theart fritte	with a lare left he
	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [CONDITIONS CONTRIBUTING TO I	, 9	mellitu	20g AUTOPSY? 20b. IF Y	IVEN IN PART 1 0
1		HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	YES NO	YES NO B PART 1 OR PART 2)
I	OR CONTRIBUTING CAUSE OF DE CIFE ETTHER, NOTIFY MEDICAL EXAMINE THE CONTRIBUTION OF THE CIFE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
l	saw the deceased plive or	n	8-2, on	d that in (my) (our) opinion o	to 6 - 10 - death occurred on the date and h	our and from the causes stated
	Societa Societa	inl Hory	2		MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 82
	SOON CH	ul Hon	9	Ballemass	County 9	enceal Hospi
	23a BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	6/14/82 Hi	ighlan	METERY OR CREMATORY d View Cem.	York Townshi	p York PA
	24 FUNERAL DIRECTOR Lorin NAME 8728 Libe	ng Byers Funerat erty Rd., Randall	stown	tors, Inc. 25a day, MD 21133	H T 5 1982	area descending

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



FOR

1. DECEASED NAME

REGISTRAR

FIRST

- STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (seer) opinion death occurred on the date and have and from the causes stated DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION COUNTY REGISTRAR 256 REGISTRA DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MON1H

YEAR

INDUSTRY

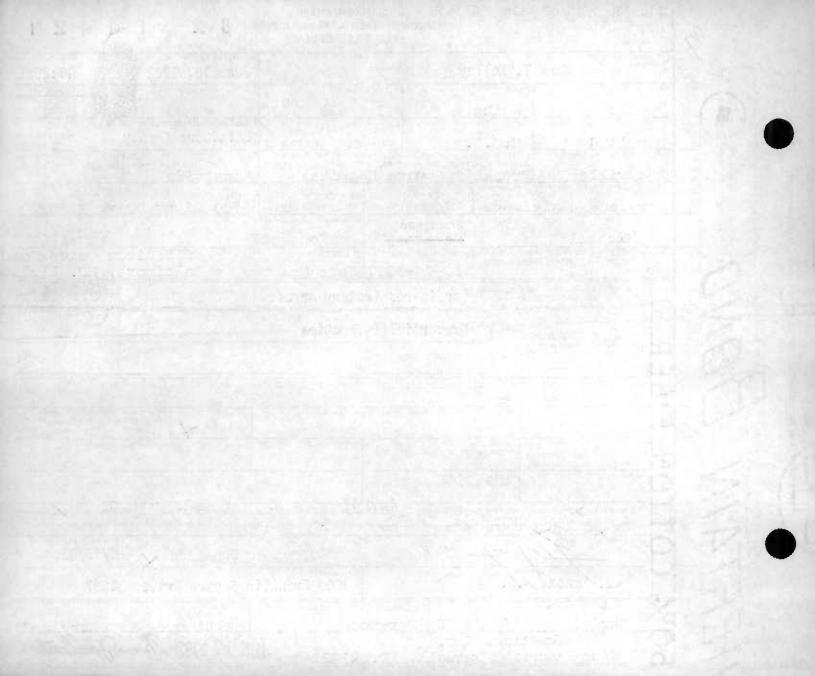
26 HOUR

IF UNDER 24 HRS

20. DATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item#14 6/18/82 Film #568 mtb



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Baltimore, Maryland

Leonard J. Ruck, Inc.

(VRA 15, 4) 1/79

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Items 13a-e per phone 6/17/82 dadtate of MARYLAND

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6-5-1982

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH YEAR 26 HOUR A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Jeweler - Oscar Caplan & Sons 13e STREET ADDRESS 10 N. Hanson St. Easton, Md. MIDDLE Williams ADDRESS Mr. Daniel E. Klein, Jr. 16641 J.M. Pearce Rd. APPROXIMATE INTERVAL VASEULAN ACCIDENT

IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN COUNTY STATE

and that in (my) (our) apinion death accurred on the date and have and from the couses stated

22c. DATE SIGNED

Baltimore

coMaryland STATE

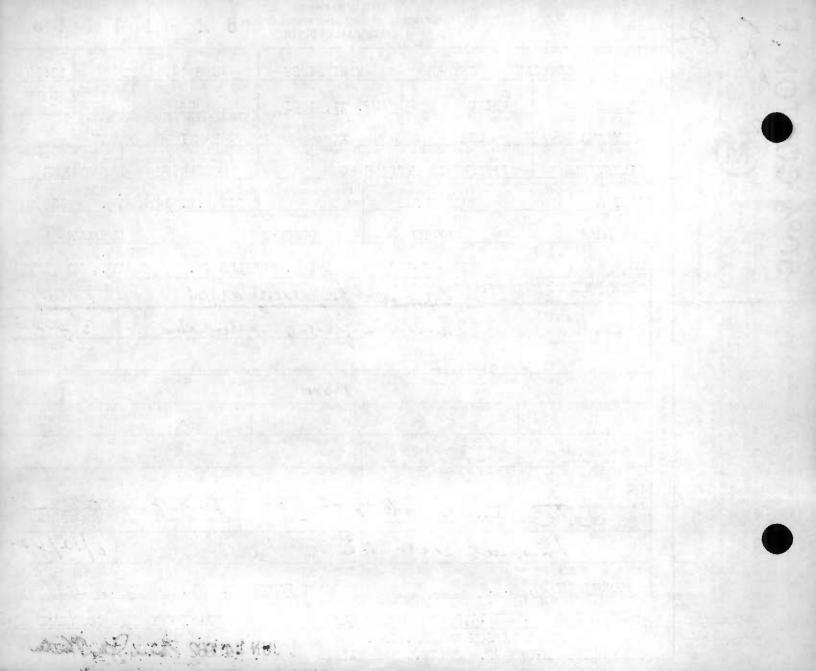
20b. IF YES, WERE FINDINGS USED

Cremation Loudon Park 24 FUNERAL DIRECTOR 1050 York Road 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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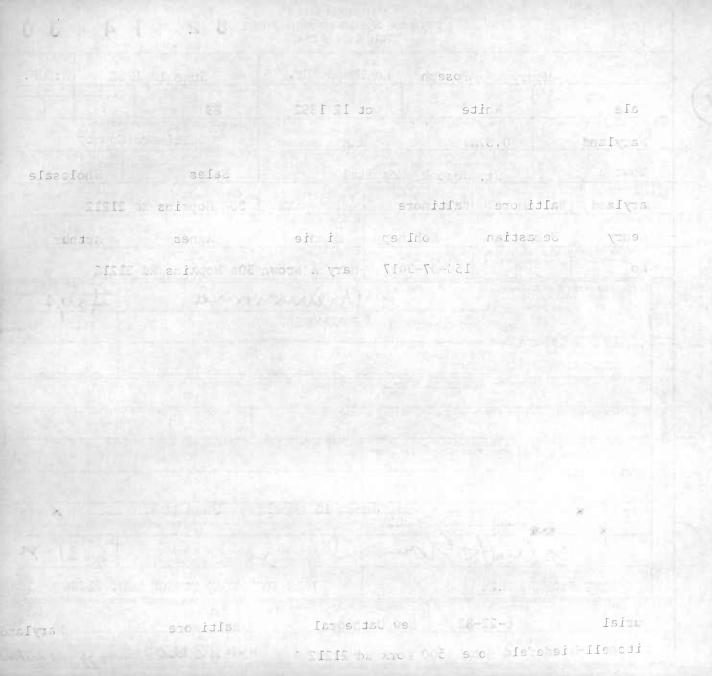
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	STAT	TE OF	MARY	LAND
DEPARTMENT	OF	HEAL	TH AN	D MENTAL

	EASED NAME	FIRST		NDDLE		ICATE OF DEATH	REG. N	O. MONTH DAY	YEAR	
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	Henry	Sebast		Koh]	hepp	Minnie	Agnes		Art	
Iáa W	AS DECEASED EVER			16b SOCIAL SEC	URITY NO	17 INFORMANT	ADDRE	SS		
(YE	NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	159-07-3	3417	Mary A Brown	306 Hopkin	s Rd 21	212	
	PART I. DEATH W	H (Enter only one AS CAUSED BY: JMMEDIATE CAI		ine lar (a), (b), ar	nd (ch)	meum	onie		B. C. C.	MATE INTER
NO.	PART 2 OTHER SIGN	lost	(c)	AS A CONSEQU		NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 110	2
U	9a. DATE OF OPERAT	ION	96 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDING CAUSES	OF DEATI
	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	Ib. TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	21s. HOW INJURY OCCURR			I OR PART 2)	
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	22a L certify that saw the decease above. (we) (a 22b. SIGNATURE	d alive an Ilaidid (a live with which we will be seen a live with which will be seen a live will be seen a live with which w	the body	3 10	82_, an	22e ADDRESS	to June death occurred on the death occurred	ete and hour a	22c. DATE	SIGNED
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23n BII	RIAL, CREMATION,	REMOVAL 23b								

DHMH - 16 50M 1/81 (VRA 15, 4)

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.



Items #5&6 Fer Phone call w/Fun. STATE OF MARYLAND

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	L DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. NO	D.	Y YEAR	Tat. 110110
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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

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8728 Liberty Road Randallstown, Maryland 21133

1 - STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6/18/82

Leonard J Ruck Inc. Baltimore, Maryland

FOR

REGISTRAR DECEASED NAME

Burial

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

LITYPE OR PRINTS

Ebert Same PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (Xy) (aur) apinian death accurred an the date and haur and Iram the causes stated 77s. DAT

Baltimore

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH MONTH DAY YEAR

2h HOUR

12:15am

STATE

Baltimore, Maruland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

FOR STATE

STATE	OF M	ARYLA	ND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

4 4 3

REGISTRAR'S SIGNATURE

250 DATE REC'D. BY REGISTRAR 256.

	REGISTRAR				REG. NO	J	
	CEASED NAME FIRST ANNA	C	LAUESTEIN	LAVENSTEIN	2a, DATE OF DEATH	6-11-82	YEAR 25 HPUR46p
. SE X	F	4 RACE	S. DATE C	F BIRTH O 5 1/8	6 AGE (IN YEARS LAST BIR!	YRS.	RIYEAR IF UNDER 24 HRS
C	RTHPLACE (STATE OF FOREIGN COUNTRY)	7b. CITIZEN OF WHA	T COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O BALTIMORI		ATH MD
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3a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136, COUN	13c	ESIDENCE BEFORE ADMISSION) CITY OR TOWN	YES NO Z		CAPEN	DAY RD
	THER'S NAME FIRST ANDREW	MIDDLE BET	ZLAST	MARGARA	MIDDLE S	PAHER	LAS1
		MED FORCES? 16b E WAR OR DATES) 2	18 05 0064	DORIS	BULLE	CK	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line f D BY: E C AUSE (a) MET		ON CARCINOMA	A Blade	8.1	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

CONNELLY

BP.

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MPORT

24 FUNERAL DIRECTOR

Howard K. McComas III. Abingdon, Md.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2a DATE OF DEATH 26 HOUR CTYPE OR PRINTS June 24, 1982 7:00am Mildred Bernadina LAW 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH Female White 1904 June 4. 78 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Rhode Island USA WIDOWEDX O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Franklin Square Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville Housewife 3c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Harford Joppatowne 309 Avedon Court YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Mvers Caroline Peters 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** no 215-24-1141 Robert H. Law, 7399 Edsworth Road, Balto Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I DEATH WAS CAUSED BY Hepatoma with Esophagogastric Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? EXX YES X 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC) CITY OR TOWN STATE NOT WHILE June June 24 22a. I certify that 🔀 (this haspital) attended the deceased from June and that in (n) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive of above, * (we) (did) (above the body after death 226. SIGNATURE DEGREE 271 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 9000 Franklin Square Dr. Balto., MD Ronald Block, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY STATE Burial .1982 Cedar Hill Cemetery Brooklyn

DHMH - 16 50M 1/B1 (VRA 15, 4)

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I. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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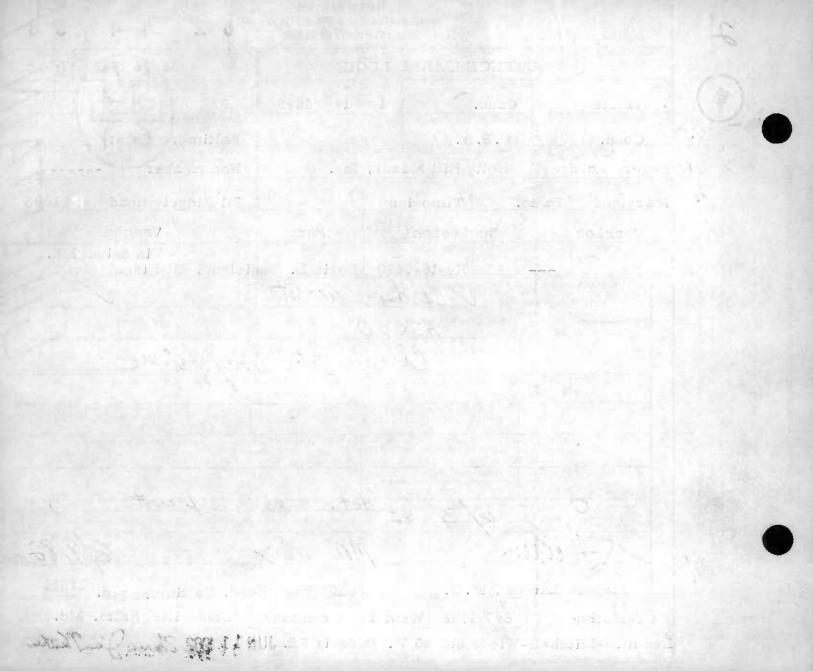
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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(VRA 15, 4)

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

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STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

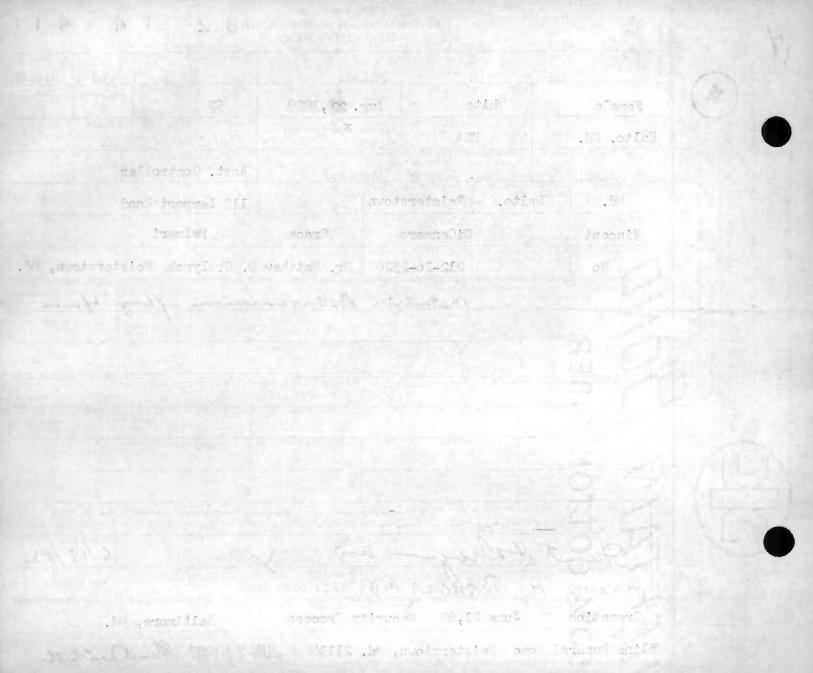
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STUART	H	0	RABER	mi)	6720 York F	Road			
230 BURIAL, CREMATION, (SPECTemation)	REMOVAL 1	June 2	21,82 Se		ty Process	23d LOCATION CITY OF TOWN	more,	Md.	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of He IMPORTANT: If Hem 21

> 24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md. 21136

JUN 21 1982



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE I. DECEASED NAME KNOWN MONTH h HOUR TYPE OR PRINTS ESTI-FRANK OF MACH 1082 0300 DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX 5. DATE OF BIRTH 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOLINCED 1130 Male White Sept.24. 1949 32 DEAD YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland United States Baltimore County WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS. OR INDUSTRY Woodland Ave. 21222 Dundalk 1711 unemployed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13a. STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Dundalk YES [NO X 1711 Woodland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Adam Helen Mach Krac 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS NO 219-50-4593 Helen Whitsell 1711 Woodland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), ogd (c) PART I DEATH WAS CAUSED BY: Ulaus IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 7D AUTOPSY? NT OF I YES [DEPARTMENT SHOULD BE 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 2) e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE ERTIFICATE, VEXECUTE THE CERTIFICATE, VEXECUTE THE CORW.

TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SITE ABOUT ABOUT ABOUT ABOUT ABOUT AND A 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram: Notural causes Accident Suicide Hamicide Undetermined monner NTLE (SPECIEY DATE SIGNED EXAMINER'S NAME J. CROSSIM O'DONOVAN 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION June 23.1982 St. Stanislaus Cem. Baltimore Maryland BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b 25 **DHMH-17** Lilly & Zeiler Inc. 1901 Eastern Ave. (21231 (VR A15 ME (5)) 15M 2/80

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3919 Glenhurst Road Hoke ADDRESS 2921 Ritchie Ave. Balto. MD 21219 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) COUNTY STATE and that in (ma) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 6/1/82 DIRECTOR PHYSICIAN 9000 Franklin Square Dr., 21237 Sacred Heart of Jesus 6/5/82 Dundalk, Baltimore, Maryland Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 50M 1/81 (VRA 15.4) 7922 Wise Avenue, Dundalk, MD 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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DHMH - 16 50M 1/81		UNERAL DIRECTOR	ADDRESS	//		REC'D. BY REGISTRAR 2		
(VRA 15, 4)	J	- G. CONNEL	LI 200			N 9 1982 L	sinces de	in person

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FOR STATE REGISTRAR		DEPARTMENT OF	ATE OF MARYLAND FHEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE 8 2 REG. NO.	14446
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226. SIGNATUR DEGREE 274 PHYSICIAN'S NAME THE OFFICE 22e ADDRESS

sow the deceased alive on above, Niwe Idid Hold nor

9000 Franklin Square Dr., 21237

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23; NAME OF CEMETERY OR CREMATORY Mineral Baptist Jane June 74 FUNERAL DIRECTOR NAMEAllen Rotruck Keyser, W.VA.

234 LOCATION

and that in (N) (our) opinion death occurred on the date and hour and from the causes stated

224 DATE SIGNED 6/1/82

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: Attershould be detached for use as with the State Dept. of Health

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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 JUL

DHMH - 16 50M 1/81 (VRA 15, 4)

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Burial

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STR	OF INJURY SEET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		22a I certify that (X (this h saw the deceased alive abave, (Y (we) (did)-(Y	ospitol) attended the	e deceased from_ une_5_19_8 after death.	June 32o	19 82 and that in XnX) (our) opinian	, ta JUI death occurred an the d	ne 5,	19 <u>82</u> , r and from the	that (we) last causes stated
		226. SIGNATURE	morp			DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN (X)	6/5/	
		20 PHYSICIAN'S NAME (V	PE OR PRINITY			22e ADDRESS				
		Jose Munoz,				9000 Frankli	n Square Dr	ive '	21237	
	23a B	URIAL, CREMATION, REMO	VAL 236. DATE	231	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Item 18 sho

IMPORTANT: If hem 21 is

Burial
24 FUNERAL DIRECTOR Lilly & Zeiler, Inc. 1901 Eastern Ave. Balto Md JUN

FOR

June 10,1982 Memorial Gardens

23d LOCATION

Powell Tennessee

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

-	1.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	IENE 8 2	0.	4 4	5 0
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	(TYPE	Margare Margare	t	M FRANK	1	Maxwell	June 2,	1982		7:55 am
	3 SEX	X	4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI		F UNDER I YEAR	IF UNDER 24 HRS
	F	emale	Whit	e	May	y 23, 1910	72	YRS.	ONTHS DAYS	HOURS MIN.
100		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8		9 BALTIMORE CITY		OF DEATH	
di.		ARYTAND	U.S.	A.	WIDOWI	D NEVER MARRIED DIVORCED	Baltimo	re Cou	nty	MD.
	10 CI	TY OR TOWN OF DEATH undalk	(IF NOT IN SU	HOSPITAL, NURSI CHEACILITY, GIVE STREE Jeffers	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		INDUSTRY	OF BUSINESS OR
		AL RESIDENCE (IF NURSING HON	AE OR OTHER INSTITUTION			113d INSIDE CITY LIMITS?	13e. STREET ADDRESS	HOME	TANKE IN	
			ilto.	Dundal	k	YES NO X	1904 Je	fferso	n Rd.	21222
	14 FA	THER'S NAME	MIDDLE	ŁAST		15. MOTHER'S MAIDEN NAM				
C		UNKNOWN	MIDDLE	FRANK		FIRST	UNKNOWN		LA	51
		VAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
9	()	NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	216.03.	1092	CORNELIUS DE	WECE SAV	me as 1	130	
		18 CAUSE OF DEATH (Ente	er aniv ane cause pe			I COMMINIOS DE	VEDE DA	ile da		IMATE INTERVAL ONSET AND DEATH
	0.3	PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	CARDIA		r¢m			BUTWEEN	ONSE! AND DEATH
		Conditions, it ony, which gove rise to immediate couse (o), stating the underlying couse lost	(b)	MYOCARI	DIAL 1	INFARCTION				
	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
7	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
1		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A	OF INJURY .M. MONTH D	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE,	FARM, ETC }	211 LOCATION STREET	CITY OR TO)wn	COUNTY	STATE
		220.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di	e on May 19	9. 19		27, 19-78 nd that in (my) (our) opinion o	, to6/2/ death occurred on the d			that (1) (we) lost couses stated
		12k SURPTATIVE S	2 de	len 6	ya-	DEGREE ATTENDING PHYSICIAN X	MEDICAL STA	FF CIAN [6/2	SIGNED /1982
		Gil de los I		0.6		2990 Sollers	s Pt. Rd.,	Dundal	k Md	21222
	230. B	BURIAL, CREMATION, REMO	VAL 236. DATE			CEMETERY OR CREMATORY	23d LOCATION CUTY OF TOWN Baltimor	'e	COUNTY Ma	rvland

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is

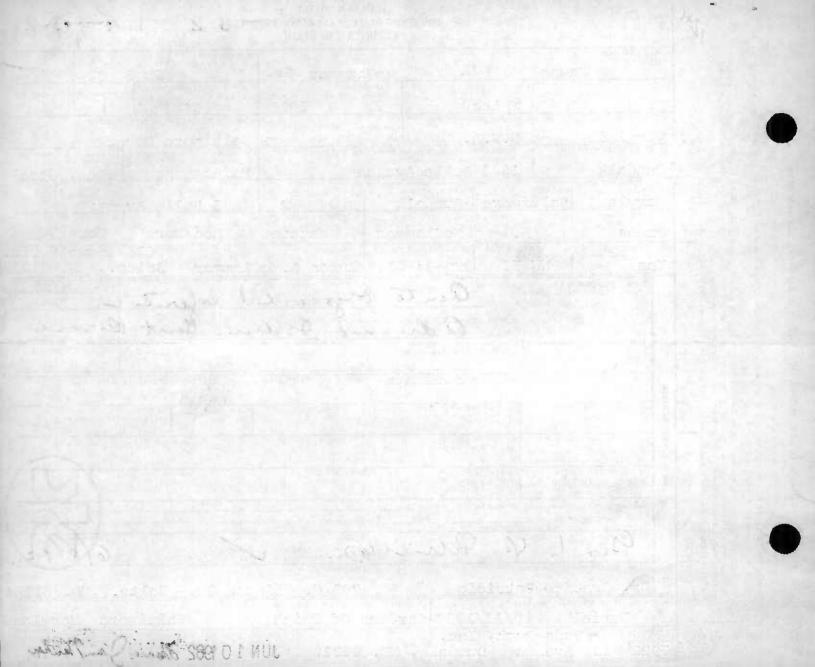
24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Dûndalk, Md. 21222

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		CEASED NAME	FIRST	T TALEYIE	MIDDLE		AST		20 DATE OF			DAY YEAR	2b. Ho	OUR
	(144)		James		U.	McC	lammer	,Sr.	1		6 8	82		M
	3 SE	X		4 RACE		S. DATE O	F BIRTH	YEAR	6 AGE INY	EARS LAST BIRT		IF UNDER I YE		ER 24 HRS
		ale		White	е	7	9	1918		64	YRS.	AUNTHS	3 1100#	MIN
e Que	70 B	RTHPLACE MATE	OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY	? 8 MARRIE	NEVER M	ARRIED -	9. BALTIMO	RE CITY OI	COUNTY	OF DEATH	7	
00		irginia		U.S.		WIDOWE	D DIV	ORCED XX	Balt	imor	e Cou	inty		MD.
1	10 C	TY OR TOWN OF	DEATH	(IF NOT IN SI	HOSPITAL, NURS	T ADDRESS)		ITUTION	120 USUAL (12b KINE INDUSTI	OF BUSI	NESS OR
5	-	undalk		1803	Belle .	Avenu	е		Main					Steel
弘人		TATE	13b COUN	VTY	13c. CITY OR TO	WN	13d. INSIDE CIT	TY LIMITS?	13e STREET	ADDRESS				
E/	$\overline{}$	aryland	Balt	imore	Dunda	lk		NO X	1803	Bel	le Av	renue		
12/		THER'S NAME		WIDDIE	McCla	25.31	15 MOTHER'S			ea Do			LAST	
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dico	1	VAS DECEASED E		MED FORCES? VE WAR OR DATES) I			17 INFORMAN							Cir
/	Ye				229-34		Byron	A.Mc(Clamm	er	Balt	.0.,	MD .	
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		cause (a), st underlying co	oting the	(c)_	OR AS A CONSEQUE		NOT RELATED 1	TO THE TERMI	NAL DISE ASE	ORCOND	ITION GIVI	EN IN PART	1ta	
in in	NO													
9	CERTIFICATION	190 DATE OF OPE	RATION	196 CONI	DITION FOR WHIC	H OPERATIO	WAS PERFOR	MED	200 AUTO	PSY?	IN CERTIF	, WERE FINI YING CAUS		ATH?
9		21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE A	TH HOUR A	OF INJURY A.M. MONTH [P.M.	DAY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NAT	TURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d INJURY OCC			OF INJURY TREET, FACTORY OFFICE	FARM ETC }	211 LOCATION STREET	N		CITY OF IOW	IN	COUNTY		STATE
					he deceased from			, 19	, to					(we) last
		abave, (1) (w	eased alive an e) (did) (did no	t) view the bad	y after death.		d that in (my) (our) opinian d	eath accurred	d an the dat	e and haur	and fram t	ne causes	stated
		226. SIGNATURE	-: (-	4.	Vita		PI AT	TTENDING HYSICIAN	MEDICAL DIRECTOR [STAFI	: AN 🗌	6 P	8/	52.
		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS				Dec.	19500		
1		Dr. Gr					703 S	. Clir			Balt	0.,	MD.	2122
		URIAL, CREMATIC					METERY OR CE		23d LOCA			COUNTY		STATE
	24 51	Buri	al	I P/TT	/1982 G	arden	s Of F		Brein Brein		altin	nore	Mai	ylan
81	70	22 Wise	Duda-	Ruck,	Inc. Dundalk	MD	21222		REC'D BY RE			SSIGN	74	de
	/ =	ZZ WIS	= Aven	ue I	Julidaik	, MD.	77777	30	N 101	1305 6	/ SACA		7	***



		STATE REGISTRAR			ICATE OF DEATH	REG. N	14	4 5 3
deoth	I. DE	CEASED NAME FIRST ELIZABET	MIDDLE		LOSKEY	June)	MONTH DAY YE	AR 2b. HOUR
	3. SE		4 RACE	5 DATE (OF BIRTH	& AGE (IN YEARS LAST BIT	THOAY) IF UNDER I	
(FEMALE	CAUC.	8	31 01	80	YRS	
6	78. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY?	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
led o	10.6	MARYLAND	USA	WIDOWI		BALTIMO		
E)(ROSEDALE	11. NAME OF HOSPITAL, NUI JE NOT IN SUCH FACILITY, GIVE ST 1103 63rd S	REET ADDRESS)	OR OTHER INSTITUTION	12R USUAL OCCUPAT ITYPE OF WORK FOR MOST OF HOUSEWIF	OF WORKING LIFE) INDUS	ND OF BUSINESS OR
ner must be	USU 13 _R .	STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BINTY PIMORE ROSEI	OWN	138. INSIDE CITY LIMITS?	130 STREET ADDRESS		
Consumer		ATHER'S NAME FIRST JOHN	MIDDLE LAST DORN		15. MOTHER'S MAIDEN NA. FIRST GENEVIE	ME		LAST
	16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO	17 INFORMANT	ADDR		1111
novol. ent, the medical	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 2160 30	589 3	Henry McCl	nakey 801	4 Redstor	ie Rd.
then prease remove corp to buriol, cremotion, or injury, or other troumotic	7		DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF			IDITION GIVEN IN PAI	RT No:
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3 7	Ē					YES NO	IN CERTIFYING CAL	NO [
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rked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn count	STATE
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ote Dept		226 SIGNATURE	· Led etto	, m	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _ /	ATE SIGNED
should be deta		NOSCHA &	12/BEBTO	MY.	3508 BA	WE ST.	- Buller	md 2/22
sho mp	230	BURIAL CREMATION, KEMOVAT	23b. DATE 12	Zion	EMETERY OR CREMATORY Luth Church	234. LOCATION CITY OF TOWN	BALTO	STATE MD
16 20M , 4) 7/78	24. F	INEREL PRECTOR	ADDRESS			REC'D. BY REGISTRAR		

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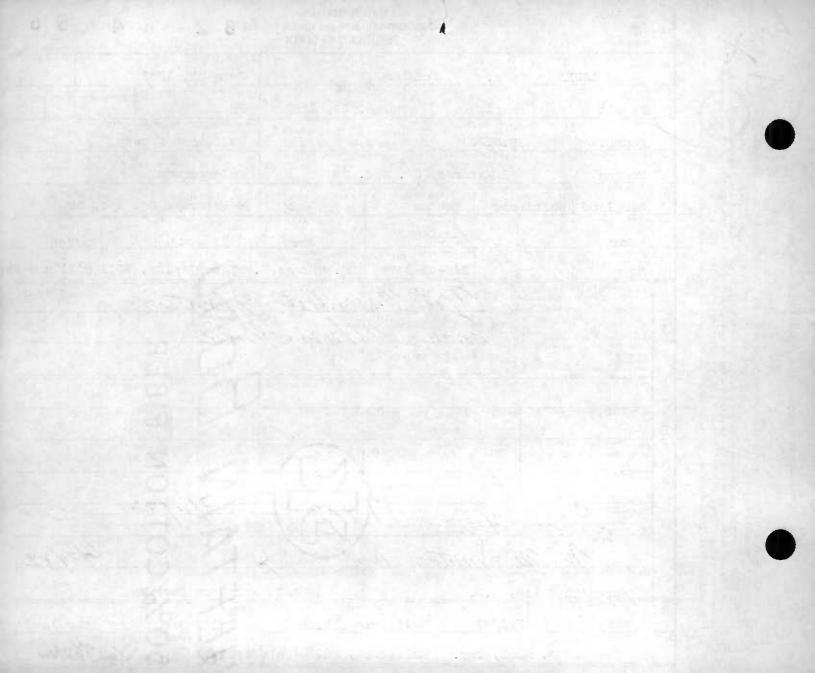
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DHMH - 16 50M 1/B1 (VRA 15, 4)

1.	FOR		A) EP A RT MENT	T OF HEALTH AND MENTAL H	ACTEME 26 %		
11	- STATE REGISTRAR			ERTIFICATE OF DEATH			
	DECEASED NAME	IRST /	MIDDLE	LÁST	REG. N		2b HOU
(TYI	YPE OR PRINT) LAURA	E.	McLAUG	HTTN	June 29,		20 11001
3 S		4 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		AR IF UNDER 2
98	Female	White		Feb. 23, 1897	85	MONTHS DA	
70 E	BIRTHPLACE (STATE OR FORE		WHAT COUNTRY? 8		9 BALTIMORE CITY C	OR COUNTY OF DEATH	
4	Penna .	U.S.A.	M	ARRIED NEVER MARRIED	Baltimore		
10 (CITY OR TOWN OF DEATH			DOWED DIVORCED (120 USUAL OCCUPATI		D OF BUSINES
4	Towson		terway Ct.		Salespers	F WORKING LIFE) INDUST	
JUST	UAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	ISSION)	-	,011	
130		Baltimore	13t. CITY OR TOWN	13d INSIDE CITY LIMITS		y Ct. Apt.	2 R
14 F	FATHER'S NAME	AT CIMOTE	10#5011	15. MOTHER'S MAIDEN		ig cc. npc.	20
1	FIRST	WIDDIE	Lynch	FIRST	ANDOLE		LAST
160	David WAS DECEASED EVER IN	J.S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMANT	E1	len F	allon
		YES, GIVE WAR OR DATES)	216-03-340		R.McLaughlin	7r 5213	u: 77h;;
	-			J. III. IIIOlias	K.McLaughiii.		-
	Canditions, if any w gave rise to immed cause to _storing underlying	MEDIATE CAUSE IN A DUE TO OF the DUE TO OF	AS A CONSEQUENCE	Uhunn	Infant.	ton	COS MATE PATER THE DENKY AND D
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STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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Eline Funeral Home, Hampstead, Md.

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FOR 1 - STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Lassahn Funeral Home, 7401 Belair Rd.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 2 | 4 4 6 2

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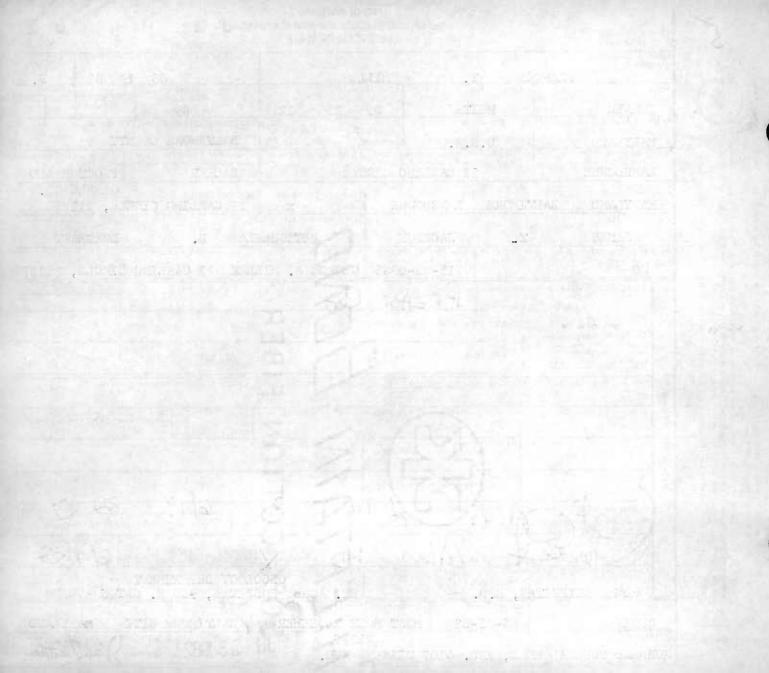
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	Q V	19a DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATION	ON WAS PERFO	DRMED	200 AUTO	DPSY?			CAUSES		
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5	Ü	210. ACCIDENT WAS UND	_	1100100 0 0			21c. HOW IN	JURY OCCURE	RED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18	PARTIO	R PART 2)		
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	- "	above (I) Just (c		the the body	ofter death.	19 80	and that in (my)	(our) opinion	death accurre	ed on the do	ite and ha	our and	from the	causes	stoted
	34	ME SIGNATORE!	D	41 (1	1-11	0	DEGREE					1	22c. DATE	SIGNE	D
		X day	TOT	W. 1	10	40		ATTENDING	MEDICAL	STAF	F		1-1-	V/2	2
		27d PHYSICIAN'S NA	AME THE	X	A MA	200	22e ADDRES	PHYSICIAN	DIRECTOR	☐ PHYSIC	IAN		6/0	1700	
1		111111111111111111111111111111111111111	A INS		(1)		THE ADDRES	ONC	OLOGY	DEPAR	TMEN	T			
-		DIANA GR	IFFIT	HS. M.D.	100		ST. A	GNES HO					ON AT	VENU	E
		BURIAL, CREMATION,	REMOVAL	236 DATE	1	23c. NAME OF	CEMETERY OR		23d LOC	ATION			0.14		
		BURIAL		06-23	-82	MOST H	OLY RED	EEMER		T IMOR	E CT	TY	MA	ARYI	AND
		UNERAL DIRECTOR		1 00 23	<i>J L</i>		21220		E REC'D. BY F						

DHMH-16 50M 1/BI (VRA 15, 4)

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

JUN 23 1982 Prances Jan Warthen



STATE OF MARYLAND

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Page 4 may be

1	FOR	DEDARK	STATE OF MARYLAND	0 0	A 1 / /
1.	- STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4 4 6 4
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1,,,,,	jane rrances	Monan		June 23, 1982	EL SAL
3. SE	X	4 RACE	5. DATE OF BIRTH		DER I YEAR IF UNDER 24 HH
Fe	emale	White	**Oct 25 1886°	95 YRS MONT	DATS HOURS MI
To B	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
	arvland	USA	WIDOWED DIVORCED	Baltimore County	
	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	b. KIND OF BUSINESS
1	1	10108 Daventry	Drive	(TYPE OF WORK FOR MOST OF WORKING LIFE) retired	NDUSTRY
130	STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13e. STREET ADDRESS	
M		lto.	YES NO X	10108 Daventry D	rive
14. F/	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NA	ME	
	lames Mohan	WIDDLE (YS)	Mary Byr	ns MIDDLE	LAST
	WAS DECEASED EVER IN U.S.			ADDRESS	
nc		GIVE WAR OR DATES)	6970A family	records	
		only one cause per line for (a), (b), pr		records	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAU	SED BY.	15 Resurrations de	il, in	BETWEEN ONSET AND DEAT
1	4292 IMMEDI	IATE CAUSE (o)	o minimoral in	war u	nn
12	Constitution	DUE TO, OR AS A CONSEQU	ENCE OF COLORATE	Les Hankers	Much
150	Conditions, if ony, which gave rise to immediate	(p)	Conference,	reast furnive	4 44
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF ASPICE) /	w dies
		(c)	11304		fill
Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN I	PART NO
CERTIFICATION	190. DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b IF YES WE	RE FINDINGS USED
FIC	THE BATE OF GLERATION	THE CONDITION TOR WITHCH	OFERATION WAS FERFORMED	IN CERTIFYING	CAUSES OF DEATH?
E. E.	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121. HOW IN HIP OCCUPY	YES NO YES	NO 🗌
	OR CONTRIBUTING CAUSE OF D		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
MED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	FARM, ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		0	0	
		ipital) attended the deceased from	13 Kly 19 81	10 yun 27, 19	that (I) (we) lo
1	saw the deceased alive a	not view title body offer death.	and that in (my) (our) opinion	death occupied on the date and hour and	from the couses stated
	226 SIGNATURE	11/ 1/	DEGREE		22c DATE SIGNED
	141	4 990 (60)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/24/12
	224 PHYSICIAN'S NAME THE	CHRINIT	27e ADDRESS		7 11
	D:	D Makes M D	Vanletarens	Village, Cockeys	villa
23a E	Bienvenido BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d LOCATION	VIIIE
	(SPECIFY)		ot. Michael's	Frostburg, Garr	ett Co. Mc
	urial UNERAL DIRECTOR	6/25/82		REC'D BY REGISTRAR THE REGISTRAN	S SIGNIATURE
	NAME	ADDRESS	301	- 1 482 KREAGE	Ya TK-The
E	vans Chapel c	of Chimes 2325 Y	ork Road		- with without

TYPE	ECEASED NAME PE OR PRINT)	FIRST	Mildr	ed C	MOOF	RE	REG. N	MONTH	1987_	26 HOUR
3 SE	EX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	1 UNDER 24 1
	Female		White		Oct	tober^28, 1911		YRS	MONTHS DAYS	HOURS M
M	SIRTHPLACE (STATE ORI		76. CITIZEN OF W		WIDOW		Baltimore city	e Cour	of DEATH	
Ro	ossville 21	237	Frankli	FACILITY GIVE STREE	ospita	OR OTHER INSTITUTION	120 USUAL OCCUPAT (LYPE OF WORK FOR MOST HOUSEWISE		12b. KIND (INDUSTRY HOME	OF BUSINESS
13a. S	JAL RESIDENCE (IF NURS STATE Maryland	13b, CQUN		INE RESIDENCE BEFORE IN CITY OR TOVE Middle			13e STREEL ADDRESS	sleigh	a Ave.	21220
	ATHER'S NAME FIRST Loui		Mohr	LAST		Catheri	ne Prueit		i.e	ST
16a V	WAS DECEASED EVER		MED FORCES?	214 743		17 INFORMANT Gloria Powell	ADDR	S _a me		
	gave rise to imm	, which mediate ng the				nal aortic an	cui y siii			
IFICATION	cause (0), statin underlying cause	nediate ig the last.	DUE TO, OR (c) CONDITIONS COM	AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE	S, WERE FIND	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNE OR CONTRIBUTING CHE ETIMER, NOTHEY MEDIA 21d. INJURY OCCURR	TION DERLYING CAUSE OF DEA CALEXAMINER	DUE TO, OR (c) ONDITIONS COT 19b. CONDIT 19b. CONDIT 19b. TIME OF HOUR ALM 1 P.M 21e. PLACE O	AS A CONSEQUENT RIBUTING TO	DEATH BUT H OPERATIO	NOT RELATED TO THE TERMI	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NOXXX}	20b. IF YES IN CERTIFY YES	S, WERE FIND! FYING CAUSE:	NGS USED
100	PART 2. OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING COTE 18 ETHER NOTIFY MEDI 21d. INJURY OCCURE WHILE NOT WHAT AL WORL 220.1 certify thoty	mediate g the last. last. TION DERLYING CAUSE OF DEA CAL EXAMINER RED (this hospin d alive and	DUE TO, OR (c) 19b. CONDITIONS COT 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M 21e. PLACE O (AT HOME STREE	AS A CONSEQUENTRIBUTING TO ION FOR WHICH INJURY L. MONTH D L. TEINJURY ET, FACTORY, OFFICE, deceosed from,	DEATH BUT H OPERATIO DAY YEAR 19 FARM.EIC 1 June 82 . or	NOT RELATED TO THE TERMIN WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET	200 AUTOPSY? YES NOXX ED (ENTER NATURE OF INJURE) TO JUNE MEDICAL STA	20b IF YE IN CERTIII YE URY IN ITEM 18 I	S, WERE FIND FYING CAUSES PART 1 OR PART 2) COUNTY 19 82 Jr and from the	NGS USED S OF DEATH? NO STAT
MEDICAL	COUSE 101, stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING CIFETIMER NOTIFY MEDI 21d. INJURY OCCURR WHILE NOTIFY MEDI 22a. I certify thought sow the decease ODAYE. W (We) (C 22b. SIGN ADDRE	MEDION OF THE PROPERTY OF THE CALEXAMINER RED WAME LIPE OF WATCH OF WATCH LIPE OF WATCH	DUE TO, OR (c) ONDITIONS COP 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M. 21c. PLACE O (AT HOME STREE (a) ottended the June 15 1) view the body of PRINT) rupudi	AS A CONSEQUENTRIBUTING TO ION FOR WHICH INJURY A MONTH ELEFACTORY, OFFICE, deceased from their death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM.EIC) June 82 of	216. HOW INJURY OCCURR 211. LOCATION STREET 19. 82 and that in (More (aur) apparion of PHYSICIAN 222e ADDRESS 9000 Frank	200 AUTOPSY? YES NOXX PED (ENTER NATURE OF INJURE JED ACCURRED ON THE OF INJURE) MEDICAL STA DIRECTOR PHYSI IN Square [20b IF YE. IN CERTIII YE. URY IN ITEM 18 I	S, WERE FINDI FYING CAUSE S D PART 1 OR PART 2) COUNTY 19 82 22c. DATE	NGS USED S OF DEATH? NO STAT
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STATE OF MARYLAND

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₩ & & & £; /	1. DE	REGISTRAR CEASED NAME E OR PRINT) T	HOMAS	ML	MIDDLE H.	MORGA	EAST	CATEO	2a. DAT	REG. N E KNOWN [ESTI- TH MATED [O. BENDITH	DAY YEAR	26. HOUR
MY PLEASE DIRECTOR. OUR FILES. ON STREET	3 SEX	Male	White	5, DATE OF BIRTH	YEAR 23	59 YRS.	UNDER 1 YR.	IF UNDER 2	MIN PRONC	ATE DUNCED AD	MONTH	DAY YEAR	2d HOUR
• 1 92	FO	RTHPLACE (STATE OF REIGH COUNTRY) England	/	England		WIDO	RRIED 🔀 NE	DIVORCE	D []	Balto.			MD.
1000 00 C		Cockeysvi	lle	1512 Iv	ACILITY, GIVE STREET V Hill	Road	THER INSTITU	JTION	FOR MOST OF V	WORKING LIFE)	PE OF WORK	OR INDUST	JSINESS RY
P. 21201 F. ANY S. RETAIL SHOULD	13a S	Md.	13b. COUN	ROTHER INSTITUTION, G	13c. CITY OR	TOWN	13d INSIDE C	NO 🗌	13e STREET ADD		Road		
ORE, MC FDEATH AGES 1, 3 RW PM 3 1 AND 2 1 AND 2	The	THER'S NAME FIRST MAS /AS DECEASED EV	Prosse		Morgan	SECURITY NO.	Mauc 17. INFOR		N NAME	ADDRES		Liams	
., BALTIMOR URS AFTER DE 8. GIVE PAGE WITH FORM T. PAGES I A DIVISION OP	(7)	NO NO, OR UNKNOWN)	(IF YES, GIVE V	y ane cause per line	539-5	0-3720	Z Though		Morgan	1512 I Cock		le, Road	E MITERVAL
201 W. PRESTON ST UTED WITHIN 24 HO I'N PENCIL IN ITEM 1 EXAMINER ALONG RIAL TRANSIT PERMI DMENTAL HYGIENE, ON, OR REMOVAL.		Canditions, is gave rise to couse (a) state lying cause la	MAS CAUSED MEDIAT f any, which a immediate ing the under- ist.	DUE TO OR	AS A CONSEC	DIENCE OF	9	1 1 800	Y			200	ldon
L RECORDS, ULD BE EXECT "PENDING" F MEDICAL FF AREDICAL HEATH ANN ALL, CREMATIC	CATION	19a. DATE OF OPE		ONTRIBUTING TO DEATH		TO THE TERMINAL DIS			[] (a).			20 AUTOPSY	?
BIVISION OF VITAL RETAILS THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PERWARDED TO THE CHIEF A PAGE 3 SHOULD BE USED. E STATE DEPARTMENT OF HEL. D, 21201 PRIOR TO BURIAL, C	CAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING [216. TIME O HOUR A.A DEATH P.A	A. MONTH DA	AY YEAR	HOW INJURY	Y OCCURRED) (ENTER NATURE O	F INJURY IN ITEM 18	BPART I OR PAR	YES T	но 🔊
DIVISIO HIS CERTIF WRITING WREDED TO AGE 3 SHO (ATE DEPAR	MEDICAL	214 INJURY OCCU WHILE NO AT WORK AT	DT WHILE WORK	STREET FAC	OF INJURY {A	AT HOME, 211.	STREET		CITY OR	TOWN	COU	NIY	STATE
XXXXIII ERTECA ID BE FO MITH TH ARTIAN		220. I certify the death resulted fr ACTUAL SIGN		e af the remains de al causes .	Accident Accident	held an Aut], Suicide	Hamin	Inspection cide	Undetermined MEDICAL EX	manner .	DATE SIGNED	6/28)	for
TO MEDICAL E EXECUTE THE C PAGE A SHOU TO FUNERAL E ATTER DEATH BALTIMORE, M		EXAMINER'S NAM (TYPE OR PRINT)					ADDRESS_	/					
0 0 BP		JRIAL, CREMATION PECIFY) Remov JNERAL DIRECTOR	al	6/28/82	23c. NAM	AE OF CEMETERY	OR CREMATO		23d. LOCATION CITY OR TOWN		COUN	-	TATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80		NAME Anatomy B		ADDRES: Balt	o., Md.			JUL	b 1384	1/6-	9		

CHICKENGE Hspr/8:2115 - 1000 - 30 dday - Hough of Emerge Townself Deport of the Charles

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME KNOWN X 7b HOUR 2a. DATE MONTH (TYPE OR PRINT) ESTI-DEATH MATED Francis 24 1982 Morriss & AGE (IN YEARS) IF UNDER 1 YR. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 4:30 58YRS DEAD 1987 24 Oct Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED W NEVER MARRIED FOREIGN COUNTRY) Baltimore County WIDOWED DIVORCED Missouri 120. USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Pikesville south of Reisterstown Road Scientist Solar Inst. USUAL RESIDENCE HE IN NURSING HE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS W COUNTY Golden Colorado YES TE NO [] S. Shooting Star 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Hazel VanMeter orriss Moble 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 146 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 1198-12-5632 Dorothy M. Morriss APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) E CHIEF MEDICAL EXAMINER ALONG WEBE USED AS A BURIAL-TRANSIT PERMIT NT OF HEALTH AND MENTAL HYGIENE, DBURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH WITH THE STATE DEPARTAMENT BALTIMORE, MAR YOND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XX. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING CAUSE OF DEATH 3: 21 P.M. 24 1982 driver in auto/auto impact 6 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE X 1-695 south of Reisterstown Rd. Pikesville road Balto. 22a I certify that I took charge of the remains described above, held an Inspection Md. death resulted from Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 6-24-82 Assistant SIGNATURE EXAMINER'S NAME III Penn Street Margarita A. Korell. M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY COUNTY STATE 6-26-82 Balto Cremation Green Mount BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** W. Jenkins & Sons Co. Balto. Md (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

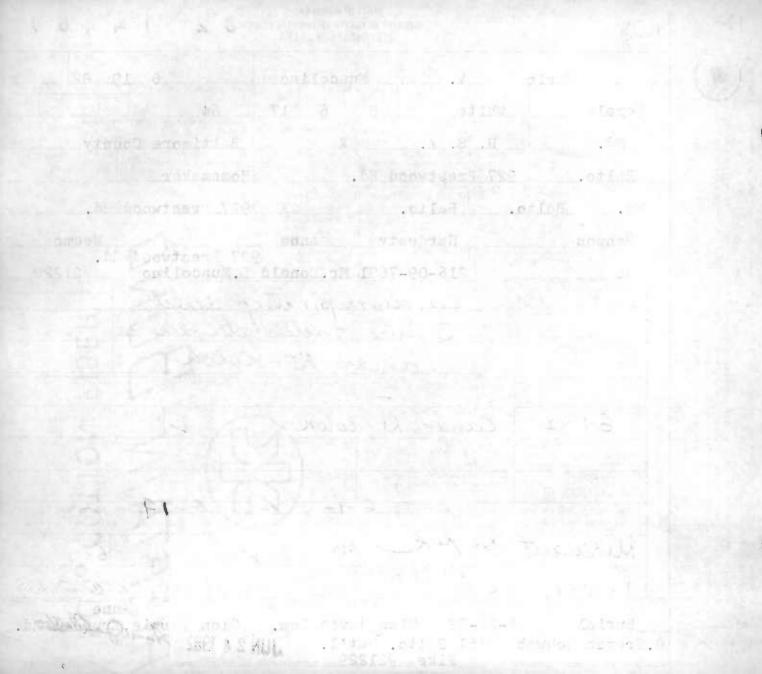
FOR

- STATE

DHMH - To SOM T/BI (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	FOR 1 - STATE			DEPART		OF MARYLAND	AL HYGIENE	8 2	14	4 6	9
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	3 SEX		4 RACE		5. DATE C	F BIRTH		GE (IN YEARS LAST BIRTHD	AY) IF UT	NDER I YEAR	FUNDER 24 HRS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., To PHYSICIAN: The low requires that the death certific a cutending physicion. When this certificate has been signed by the attending plos the buriol-transit permit. Then please remove carbona in and Mental Hygiene prior to buriol, cremotion, or remotived or them 18 shows any injury, or other troumotic even	couse		DUE TO,	OR AS A CO	ENCE OF	R+	- C	lou.			
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DS, 2 quires signe hen p to bur ijury, (OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	IE TERMINAL	DISEASE OR CONDI	TION GIVEN I	N PART 1101	
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R AT hosphology		ove, (I) (we) (did) (did n	of) view the bod	y ofter death.		DEGREE				22c DATE SI	GNED
the Destrock	IM	sechan	1 0	3-4		MD ATTEND	DING ME	DICAL STAFF	N	6-	
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AAA BP	(SPECIFY)	urial	6-22		len H			CITY OR TOWN	An	ale Al	Thoma
0000	24 FUNERAL	DIRECTOR				2			Tank G	SEGNATUR	PIQ.
DHMH - 16 50M 1/76 (VR A 15 (4))	G. TIM	man Schw	ab 51	51 Balt	o. Na	t'l.	JUN 2	4 19BZ	10	NASAR CONTRACTOR	



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death Page 4

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and callshauld be detached for use as the burnal-transit permit. Then please remove corban papers, Pages 1 with the State Dept, of Health and Mental Hygiene prior ta burial, cremation, or removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other troumatic event, the medical FOR - STATE

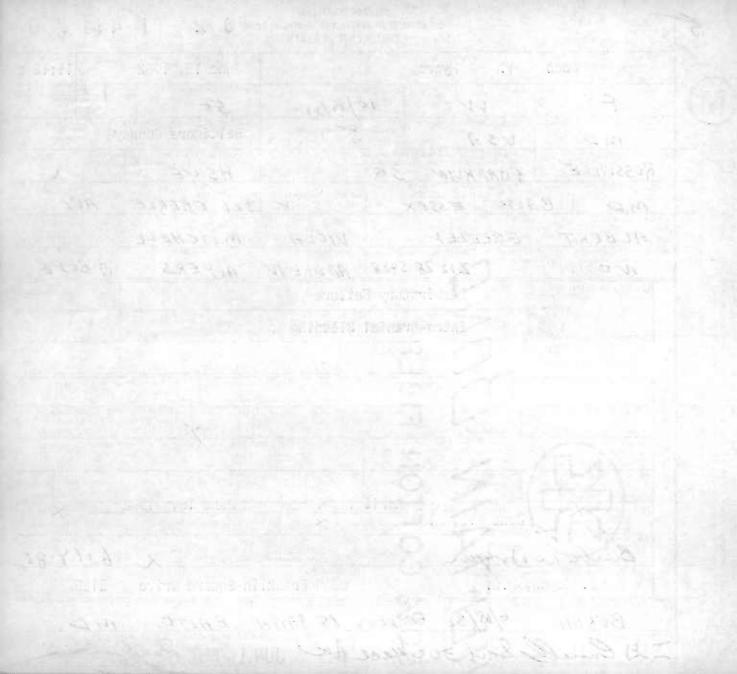
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAK				CENTIN	ICAIL OI DEATH	REG	NO.		
		CEASED NAME E OR PRINT)	Joan	٧.	Myers	L	AST	June 15		Y YEAR	11:15 a
	3. SE	F		RACE	V	5. DATE C		6 AGE (IN YEARS LAST	YRS	UNDER I YEAR	IF UNDER 24 HRS
5	(IRTHPLACE STATE OR F		USI	what country? 9	MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	. Dai Cillo	re County	ty	MD
7		ROSSVILLE	5	FRAN	HEACILITY, GIVE STREET	SQ.	OR OTHER INSTITUTION	TYPE OF WORK FOR MO	TOF WORKING LIFE)		DF BUSINESS OR
2	13a S	AL RESIDENCE IN NURS	136 COUNT	LTC	131. CITY OR TOW	/N	13d INSIDE CITY LIMITS?		BERLE	A	VE
C		ATHER'S NAME PIRST ALBER WAS DECEASED EVER	7	5 REL	FLEY TION SOCIAL SECU		15 MOTHER'S MAIDEN N	MITC ADD	HELL	LAS	ī
		YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	21228	5428	AND RE N			1 4	OVE
		RECAUSE OF DEAT PART I. DEATH W Gonditions, if ony, gove rise to imm couse (a), stofin underlying couse	which nediate g the lost	DUE TO, OI (c)	R A I n thá EC	Fah9fa] ENCE OF	l Bleeding				IMATE INTERVAL ONGET AND DEATH
	CERTIFICATION	190 DATE OF OPERAT					NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. IF YES,	WERE FINDIN	NGS USED
7		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH D.	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF II	JURY IN ITEM 18 PAR	T I OR PART ?]	
	MEDICAL	214 INJURY OCCURE WHILE NOT WHAT WORK AT WOR		21e. PLACE (OF INJURY REET, FACTORY OFFICE F		211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
		220. I certify that sow the decease obove Viwe) (c) 22b. SIGNATURE Buck	ed olive on	June	15. 198	2 <u>~</u> , an	od that in (my (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the	AFF		
		22d PHYSICIAN'S NA B.	Dugan,	and the same of th			9000 Frank	lin Square	Drive	2123	37
	(BURIAL, CREMATION, (SPECIFY) BURIAL (SPECIFY) BURIAL UNERAL DIRECTOR	REMOVAL A	236 DATE 6/18	182 60		EMETERY OR CREMATORY S EF FAIT	H BAL	70.	M L	STATE
	24 1	DIVERME DIRECTOR	11	2 0			4 250 DA	ATE REC'D. BY REGISTR	AR 256 BEGISTRA	AK S SIGNAT	UKE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP



Wm, C. March F/H 1101 E. North Ave.

- STATE

REGISTRAR

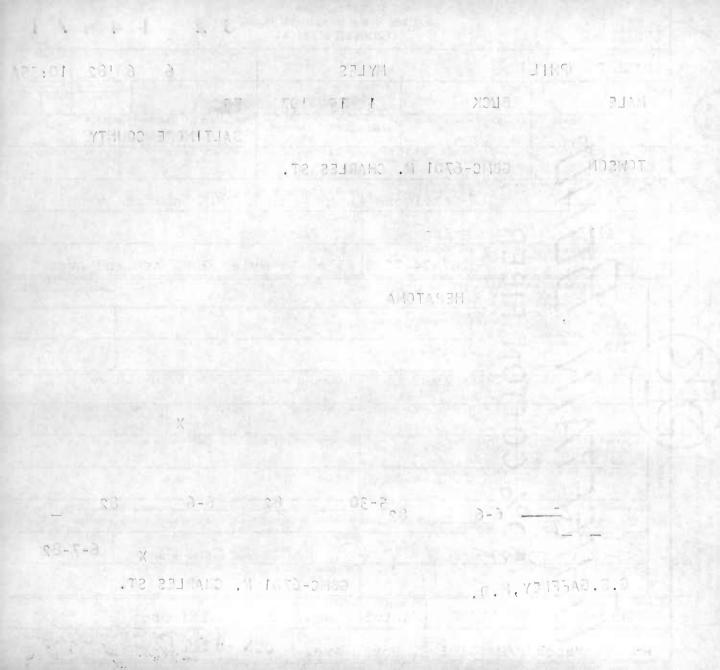
24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15.4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

CERTIFICATE OF DEATH



68	1	FOR 8 #G569 6/6 FOR - STATE REGISTRAR CEASED NAME FIRST		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1 4 4 7 2
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	3 SE	Male	Black	5 DATE OF BIRTH MONTH DAY 1917		FUNDER LYEAR & UNDER 24 H MONIHS DAYS HOURS M
1 / 3		IRTHPLACE (STATE OR FOREIGN	15 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMAR	F COUNTY
by the fu	18.0	RANdAllston	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET BALTI MILE &		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS
y filled in should be		ATHER'S NAME	NTY 13c CITY OR TOWN	N. 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	nion Chapel A
omplete ond 2		JOHN JOHN	Nen 1st	15. MOTHER'S MAIDEN NA	MIDDLE	Smith"
be execu			MED FORCES? 166 SOCIAL SECU WE WAR OR DATES! 218 26	SII2 SARAL N	en Woo	Ubine Md.
the death certificat the attending physis remotion, or remova her traumatic event,		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (o), stating the	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	alie tailu	derease ber lobe Gron	BETWEEN ONSET AND DEA
equires than signed by Then pleaser to burial, a injury, or at	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
ion. hos bee it permit. rene prio	CERTIFICATION	6/14/82	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN LC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
if StCIAN. The ding physicion by secriticose he buriol-tronsit physicion manual Hygen ritem 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)
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ATTENDI osspital or ECTOR. A ed for use of. af Heal		saw the deceased alive on	ital) attended the deceased from 23 19 5	, and that in (our) opinian		d hour and from the causes stated
SPITAL OR d by the h NERAL DIR be detache e State Dep TANT: if the		22d PHYSICIAN NAME CTYPE C	Manh	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 6/23/8.
TO HOSPITAL TO FUNERAL should be de with the Stat		13-16.	SINHA	Bal	timore county	general Hope to
BP		BUPIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OF CREMATORY	23d LOCATION CINOR TOWN	Prince (Seiner 1)
DHMH - 16 50M 1/B1	24 F	INERAL DIRECTOR	-12 JADJRESS	11 SO 1 250. DA	TE REC'D. BY REGISTRAR 255 PE	GISTRAIN SIGNATURE

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FOR

REGISTRAR DECEASED NAME

FIRST

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DHMH - 16.50M 1/81

(VRA 15, 4)

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Naken akeyood Ave -21205 Helen M. Stefan - 3313 Delpha (t.-2 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY 82 , and that in (xy) (our) apinian death occurred an the date and hour and from the causes stated DIRECTOR PHYSICIAN 21237 9000 Franklin Square Drive, COUNTY STATE 24 FUNERAL DIRECTOR . Miller Inc-6415 Belair Rd.-21206

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH-16 30M 2/80 (VRA 15, 4)

1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2		4 4	7 6
	CEASED NAME	FIRST	WIDDLE		AST		MONTH D	AY YEAR	26 HOUR
(ITP	E OR PRINT)	ROSE	ELIZABETH	NIX			6-29	9-82	10:10an
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	Female	Wh	ite	Sep	t. 2,1899 YEAR	82	YRS	ONTHS	HOURS MIN.
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	John Boss	MIDDLE	LAST		Rosa Be	MIDDLE		LA	ST
	WAS DECEASED EVER I	U.S. ARMED FORCE		URITY NO.	17 INFORMANT	ADDRE:	55		
(NO OR UNKNOWN	(IF YES, GIVE WAR OR DA		-05254	Vivien E. Pie	atro Sa	me		
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E						YES K NO	YES		NO [
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	27b. SIGNATURE	75. C	-		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		22c. DATE	-30-82
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	HENRY S	CRIST.	M.D.		7620 YORK	ROAD TOWSON	MD 2	1204	
	BURIAL, CREMATION, F	EMOVAL 23b. DA	ΤΕ 23ε.		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
74 5	Cremation UNERAL DIRECTOR	JJuly	1,1982		enmount Isa DAI	Baltimore E REC'D. BY REGISTRAR	City	Mary	land
	NAME	defeld Ho	AODRESS	6500 Y	ork Rd. Md. 2121210	8 1982	have	Change of the state of the stat	Char-

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 1. DECEASED NAME OF ESTI-William Noble DEATH MATED 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED Male White 19 21 58 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Illinois USA WIDOWED K DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY Maintenance Man mer. Star Cor Ruxton Jones Falls Expressway/So 695 30. STATE HIM COUNTY Baltimore 3950 Elm Ave. 13d. INSIDE CITY LIMITS? Maryland 21211 YES DO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM IT. PAGES I AND 2 DIVISION OF VITA ALIDDIE MIDDLE LAST LACT FIRST Unknown Unknown 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO TE DEPARTMENT OF HEATH AND MENTAL POINTS ON PRIGRETO BURIAL TRANSIT PERMIT. PAGES OF PRIGRETO BURIAL, CREMATION, OR REMOVAL.

MARKETS (IF YES, GIVE WAR OR DATES) Elaine Forrester 818 W. 36th St. 21211 320-20-6246 Yes WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEALN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WOR FORWARDED TO THE CH TOR, PAGE 3 SHOULD BE U. THE STATE DEPARTMENT O YES X NO [] 71g EXTERNAL CAUSE WAS 71b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 6/12 19 82 CONTRIBUTING CAUSE OF DEATH 4:05P.APM driver in auto/auto collision 21d. INJURY OCCURRED PLACE OF INJURY (AT HOME 21E LOCATION STREET, FACTORY, FARM, FTC 1 NOT WHILE AT WORK AT WORK roadway JonesFallsExpwv 1MiSo695.Ruxton.BaltoCo.MD TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PYAFTER DEATH, WILL THE SITAL AND THE SITAL SALIMORE, MA 220 I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Accident Y death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 6/13/82 SIGNATURE **EXAMINER'S NAME** Hormez R. Guard M.D. ADDRESS 111 PennStreet Balto MD 21201 (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Baltimor St. Mary s Cemetery WW 2 7 1982 RAR FLANCE 24. FUNERAL DIRECTOR **DHMH - 17** A. Alan Seitz Funeral Home 3818 Roland Ave. (VR A15 ME (5)) 20M 4/82

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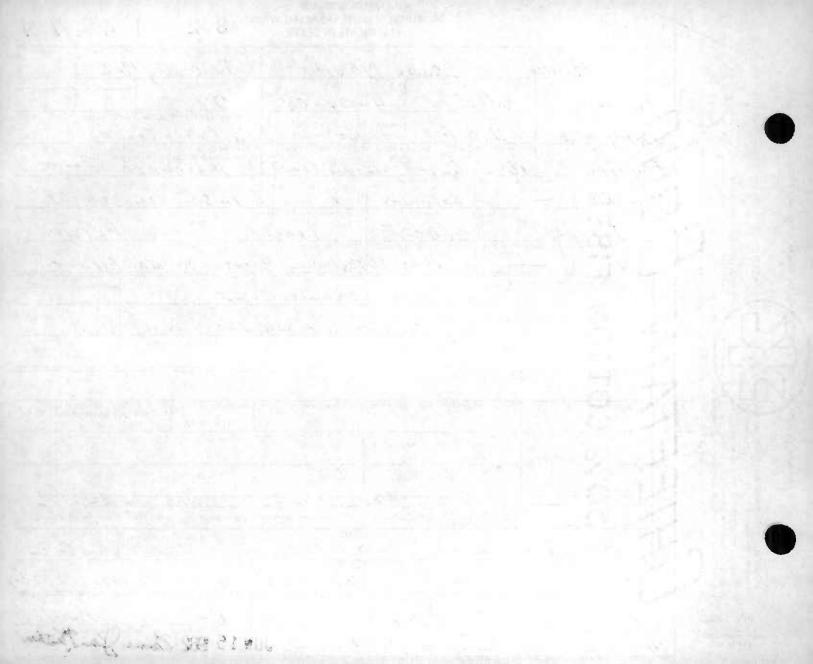
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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STATE OF MARYLAND

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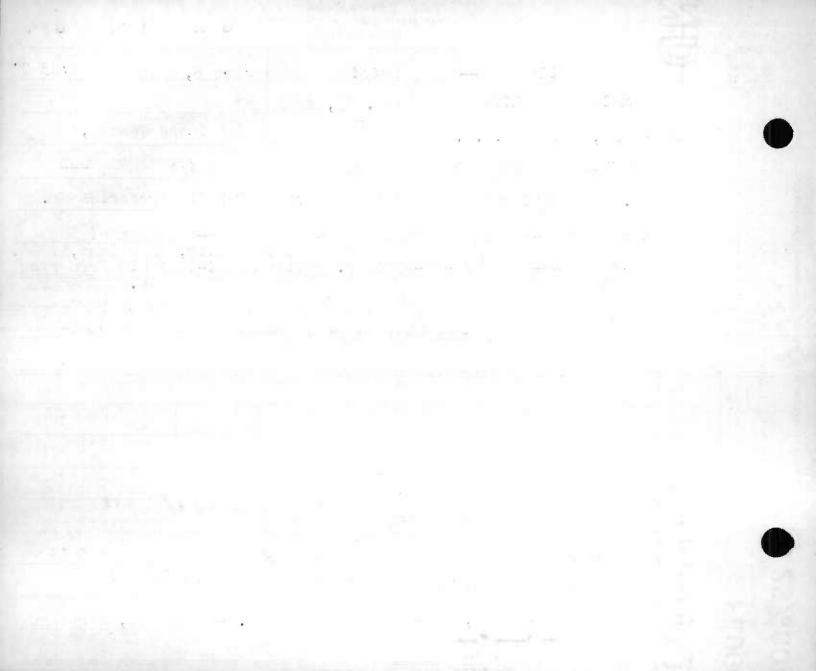
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83		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED		BAL	To Co	^
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25	130		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ye/	d INSIDE CITY LIMITS?	13e STREET ADDRESS	ORbIVAN	Rd
30	14. F	THER'S NAME PIR DOCK	E PATRICI	K 15	MOTHER'S MAIDEN NA	MIDDLE MIDDLE	HAR	Tsock
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	4838	INFORMANT	miL.	Records	
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7	CERTIFICATION	2) a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Ic HOW INJURY OCCUR	YES NO	IN CERTIFYING CAU	ISES OF DEATH?
9	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	TH HOUR A.M. MONTH D	DAY YEAR 19	If LOCATION STREET	CITY OR TO		
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STATE OF MARYLAND

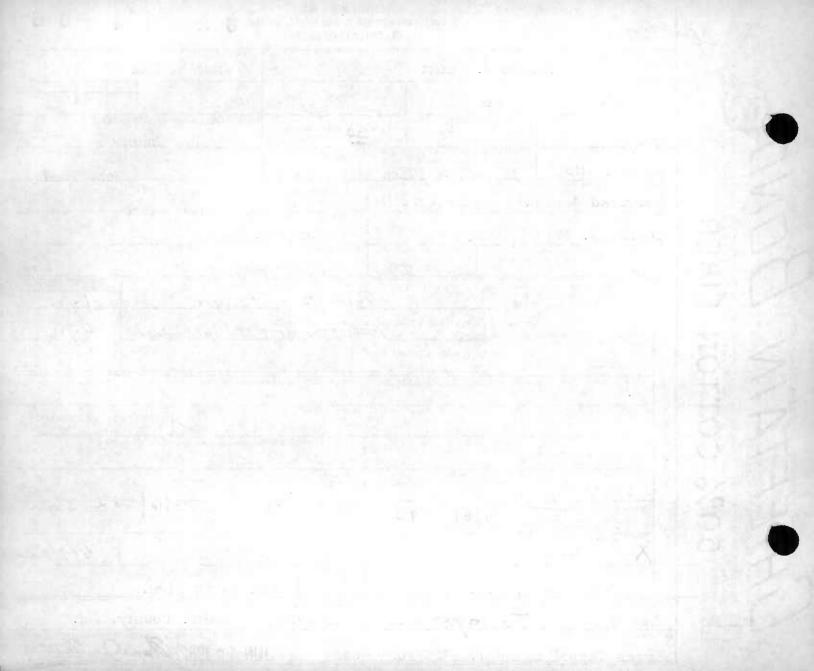
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STATE OF MARYLAND

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		FOR - STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND TEALTH AND MENTAL HYD TICATE OF DEATH	GIENE 8 2	10.	4 4	8 7
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00	Mi	IRTHPLACE (STATE ORFOREIGN COUNTRY) SSOURI	USA	WHAT COUNTRY?	WIDOW		Baltimore City of Baltimore			MD
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35	Ma	AL RESIDENCE (IF NURSING HOME OF STATE TYLAND ATHER'S NAME	timore	GIVE RESIDENCE BEFORE 130 CITY OR LOW White Mai	sh	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 11121 Pu	laski H	ighway	У
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he medice			VE WAR OR DATES)	451–38–3	3362	Dr.Richard J	J. Phillips	White 11121	Marsh Pulas	Md. Ski Hwy
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shows ony	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH? NO
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IMPORTANT: #		27d. PHYSICIAN'S NAME TYPE		U		PHYSICIAN [270 ADDRESS]	MEDICAL STAI DIRECTOR PHYSIC	IAN	2123	10/82
¥ -		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY Memorial Gard	23d LOCATION			Md. STATE
/81		ward K. McComas	s III, A	bingdon,	Md.	JUI	e rec'd. By registrar	PARCEO	P'S SIGNA	lather

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		FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	4 4 8
		CEASED NAME RIST	A.	PHILLIPS	20 DATE OF DEATH MONTH DA	82 8:3
(1)	3 SE	Male	4 RACE White	July 17, 1900	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER ,
35	0	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Sarroll Co. Md.	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O	
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T and the	130.	Md. Ba	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 130 CITY OR TOW Owings 1	Mills 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 11133 Reisters	stown Road
136		Andrew Granvi		15. MOTHER'S MAIDEN NA Susanna	MIDDLE Cover	LAST
e medico	160 \	No	213-05-93		. Bogar Balto, Mo	A. 21234
ior to burial, cremation, ai	TION	ARTERIO.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E (LEROT) (LEROT) (LEROT)	DEATH BUT NOT RELATED TO THE TERM	UNG DISEASE	Maria III.
Jows an	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NOW YES	WERE FINDINGS USED ING CAUSES OF DEAT NO
with the State Dept. at Health and Mental Hygi	MEDICAL CE		P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, F witch) ottended the deceased from 19 OR PRINT J. D. I.A. Z., M.	AY YEAR 19 211 LOCATION SIREET ARM.ETC.) 211 LOCATION SIREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS 7600 05	CITY OR TOWN CITY OR TOWN CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY S' The fly (v and from the causes sto The DATE SIGNED
3	23a 8	BURIAL, CREMATION, REMOVAL Burial		Sethesda Cemetery	23d LOCATION CITY OF CAPTOLL CO.	
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STATE OF MARYLAND

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STATE OF MARYLAND

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REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

Burgee Funeral Home

DHMH - 16 50M 1/81

(VRA 15, 4)

TYPE OR PRINTS

STATE OF MARYLAND

CERTIFICATE OF DEATH

Pre-PhoneDEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ADDRESS

3631 Falls

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	REG. NO.		1	
	20 DATE OF DEATH MONTH	H DAY Y	EAR 2b F	HOUR
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	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	DATS HOU	NDER 24 HRS
		/RS		
2	9 BALTIMORE CITY OR CO		TH	
	BALTIMORE C			MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Baby	(ING LIFE) INDU	IND OF BUS	SINESS OR
	13e STREET ADDRESS 3535 Rolane	d ave.		56
VAN	MIDDLE		LAST	
L	A. Huber		LASI	
	ADDRESS			
Lat	tter 3535 Re		venue	
		BET	PPROXIMATE I	NTERVAL AND DEATH
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EN	CEPHALY			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) WAYNE PLITT A. DEATH MATED 3. SEX 4. RACE 5 DATE OF BIRTH & AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 1 37yrs PRONOUNCED Male White Oct. 30, 1944 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED X U.S.A. Maryland Baltimore County. DIVORCED WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS School Teacher Kenton Road Education 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 1301 Kenton Road 136 COUNTY 13e. STATE 13d. INSIDE CITY LIMITS? Baltimore 21234 Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M PM MIDDLE MIDDLE Todd Plitt Helen Louise Carl 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO DIVISION (YES, NO. OR LINKNOWN) 216-44-49 Helen L. Plitt Baltimore. No 18 CAUSE OF DEATH (Enter only one cause per line for) MENTAL HYGIENE, N. OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a ED AS A E CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BUR YES [E 3 SHOULD BE I 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CATE, WRITING THE FORWARDED TO CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BAITIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram Homicide Undetermined monner DATE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE June 30, 82 Parkwood Cemetery Baltimore Co., Burial BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) E. Johnson 8521 Loch Raven Blvd, IIIN 20 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) June 24,0 Elmer John Poston DEATH MATED ECTOR. FILES. HOURS 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED June 24, 82 Nov. 3 1906 Male White DEAD YRS MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 'a BIRTHPLACE (STATE OR Baltimore County Baltimore, Md. USA WIDOWED DIVORCED FILED, D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Steel Mill Truck Driver Essex 21221 CAIN P. Wye Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 13a. STATE 136. COUNTY Essex 21221 13d INSIDE CITY LIMITS? Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST OFTE Thomas Mammie A. McGlaughlin Daniel Poston 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Yes 213 09 3002 James L. Hancock, Nephew Same CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ATION, O PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a OF HEALTH A CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described obove, held an Aufapsy Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORF MA Deputy SIGNATURE MEDICAL EXAMINER SIGNED K.S. Ahluwalia, M.D. 1221 Dundalk Ave. Dundalk. Md. 21221 EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 71 DATE 23c. NAME OF CEMETERY OR CREMATORY Holly Hill Memorial Gardens Baltimore Co., Md. BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRADA SIGNAT **DHMH - 17** (VR A15 ME (5)) 1407 Old Eastern Ave. Funera 15M 7/77

STATE OF MARYLAND

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1630 Edmondson Ave., Catonsville, MD. 21228

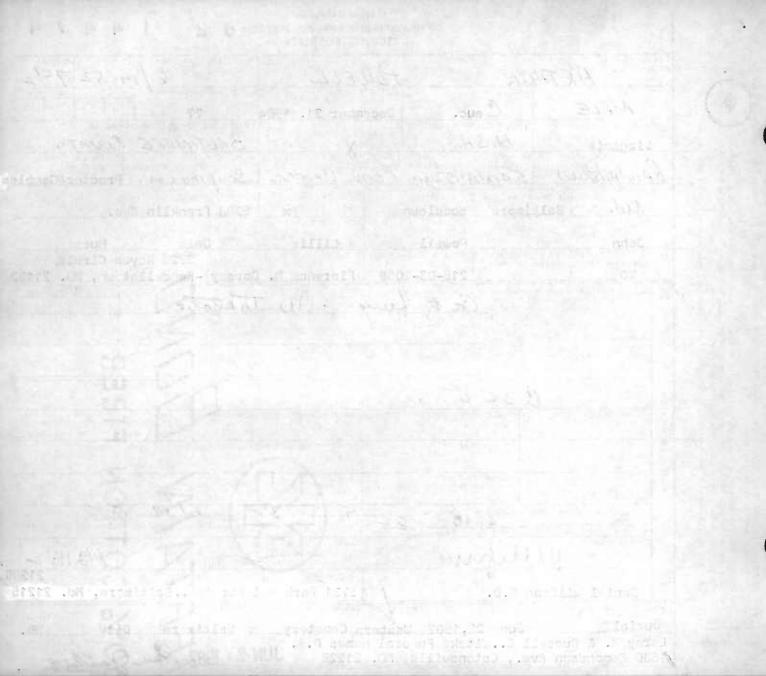
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



Ruck Towson Funeral Home, Inc. Towson, Md. 21204

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

CERTIFICATE OF DEATH

1050 York Rd.

20 DATE OF DEATH MONTH

7h HOUR

12b. KIND OF BUSINESS OR

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COUNTY

Towson, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUREA

22c DATE SIGNE

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TYPE OR PRINTS

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

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(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour later death. Here a may be vetained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in First manner and a page 3 should be detected for use of the buring transfer permit. Then please remove carbon pages 1 and 2 should be filed in manner to the depth of the filed in the property of the permit of the	MILL
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FOR STATE REGISTRAR		DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH
ASED NAME	FIRST	MIDDLE	LAST

STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	1	4	eļ.	9	7
CERTIFICATE OF DEATH		REG NO					

	E OR PRINT) VOINE	ey	Pyle		June 5, 198		AR 2b HOUR	
3. SE	Male	White	5. DATE OF	BIRTH uary 26,1902	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN	
7	New Jersey	76 CITIZEN OF WHAT COUNTRY: $U.S.A$.	MARRIED		Baltimore city o Baltimore	R COUNTY OF DEAT	H	
1	Towson	11. NAME OF HOSPITAL, NURSI. (IF NOT IN SUCH FACILITY GIVE STREE Valley View	Nursing		IT USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Retired Au	on 126 Kir FWORKING LIFE) INDUS Ito Mechan	ND OF BUSINESS OR TRY IC	
130	AL RESIDENCE IF NO. 118 OUR STATE Maryland	ITY BALLETING	WN 11	36 INSIDE CITY LIMITS?	6129 Edlyr	nne Rd		
		Pyle Pyle		S MOTHER'S MAIDEN NAM Susan	MIDDIE MIDDIE	Hu	mmel	
16a V	WAS DECEASED EVER IN U.S. ARI (YES NOORUNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECTOR OF DATES 056-09-		7 INFORMANT Mrs Eloise	Moods ADDRE	Same		
	PART I. DEATH WAS CAUSEI	ly one cause per line far (a), (b), at D BY. E CAUSE (a)	NESDI	DATONRY	ARNEST	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
TION		DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO		CA TO	LIVERZ NAL DISEASE OR COND		₹ 1 _[α]	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FIL IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	TIC HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PAR	τ 2)	
MEDICAL	21d. INJURY OCCURRED WHITE OCCURRED AT WORK AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE		TIL LOCATION	CLTY OR TOW	VN COUNT	Y STATE	
	27a.1 certify that (1) (this haspital) attended the deceased from 19 ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated obave, (1) (we) (did not) view the body after death.							
	22b. SIGNATURE	Meunder	_, M	ATTENDING PHYSICIAN	MEDICAL STAF	F /	o 7/82	
	22d PHYSICIAN'S NAME (TYPE OF Marcio Mene			5820 York R	d Baltimore	, Maryland	1	
- (BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
_	Burial	6/8/82	Kensico	Cemetery	B ahhalla	, New Yar	k and .	

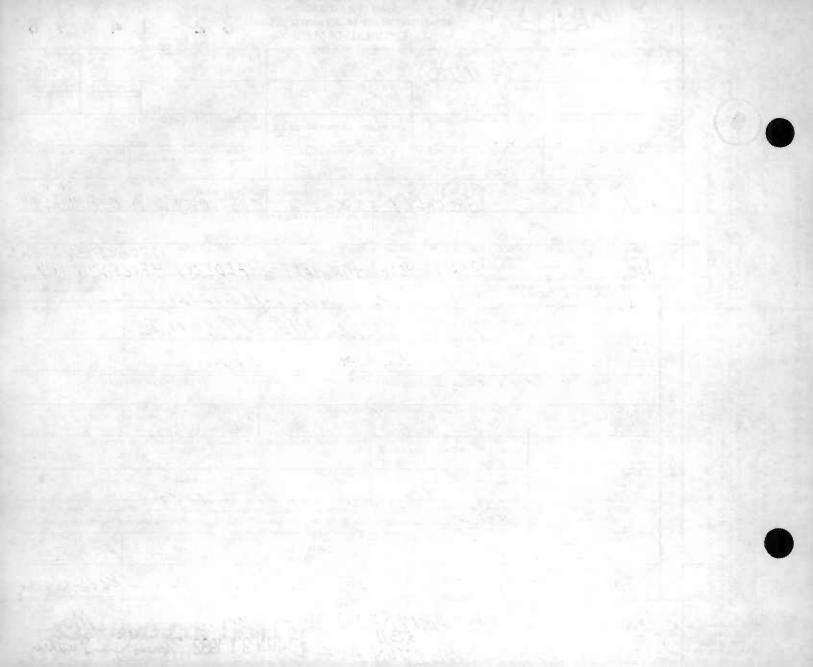
273 8F______ DHMH-16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME

Leonard J Ruck Inc. Baltimore, Maryland

250. DATE RECID. BY BE GISTEN STRATUR LATTER

	1			STATE OF MARYLAND		
10	1	FOR - STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	14498
	I DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
e 3	(117	Lena	(ANNIF)	Quattrochi	06/16/82	06 16 82 7:10
may back	3 SE	X	RACE	S DATE OF BIRTH	6. AGE JIN YEARS LAST BIRT	
The		Female	Caucasian	01 06 98	84	YRS HOURS MIN
(M)	70 8	IRTHPLACE (STATE OR FOREIGN OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
くしか		Baltimore Md.	U.S.	WIDOWED DIVORCED	Baltimore	
90	1	Catonsville	JIF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) ines Catonsville	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
ed within 24 hu	130	ATHER'S NAME	BROOKL.	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NAI	MIDDLE	V IS. AVE, BROCKLY
ecute Comp	14.	Vincent Gra		Antion	lette ADDRE	?
Pages 1			war or Dates) 7/8:12	4008 ANTOINETTE	BALDUCE	1 BROOKLYN NY
law requires that the been signed by the and please removior to burial, cremas any injury, or other	TION			DEATH BUT NOT RELATED TO THE TERM		
an. icate has b it permit. ygiene pri 18 shows	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	206 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \bigcup \text{NO} \text{NO} \text{NO}
		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	RED JENTER NATURE OF INJUI	RY IN ITEM 18, PART I OR PART 2)
ENOING PHYSICI or attending physic OR: After this certif ie as the burial-tran lealth and Mental F is marked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
TE Se		220 I certify that (1) (this haspite	oll oftended the deceased from	5-14-82 19	. 10	19, that (I) (we) las
TAL ON ATTEN the hospital or a AL DIRECTOR stacked for use ite Dept. of Health III If Item 21 is		obove. (I) (we) (did) (did not	view the body ofter death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	
TO HOSPITAL retained by the TO FUNERAL Ishould be detach with the State DIMPORTANT: I		224 PHYSICIAN'S NAME (TYPE OF	TNGOV	3950 Wi	1	WI - Bulforan
BP	13	BURIAL CREMATION, REMOVAL	JUNE 19/82 HO	AME OF CEMETERY OR CREMATORY	BALTO	COUNTY MS STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME EBER FUNERA	HIME EDMON	DSON AVE 130 M	N 2 1 1982 .	Cances Can lather

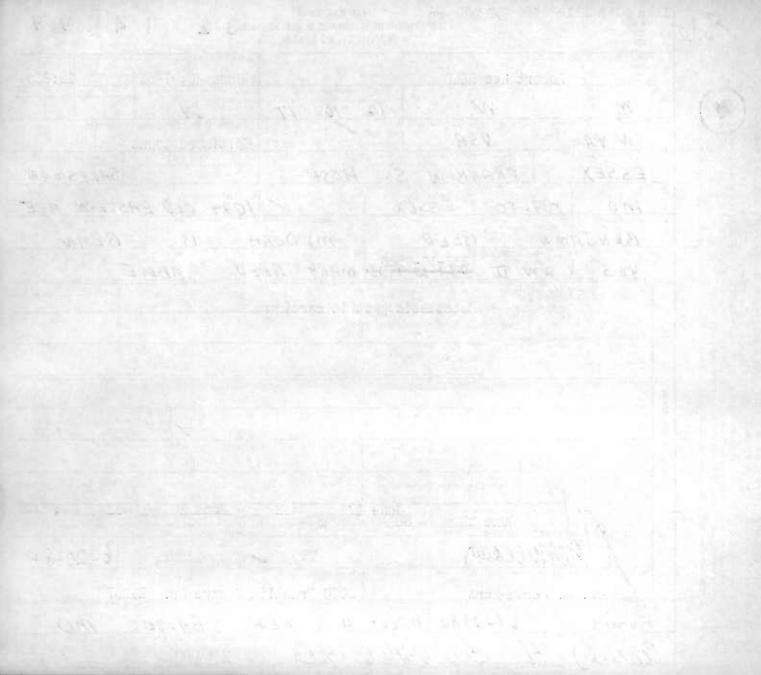


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ooth c	
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		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR	
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)	3 SE	M	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR 12 16 17	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN	
83		COUNTRY W. VA.	VSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cou		
57		ESSEX	FRANKLIN	SO. HOSP	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 12b. KIND OF BUSINESS OF INDUSTRY SALESMAN	
985 5	13a S	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	N 113d INSIDE CITY LIMITS?		EASTERN AVE	
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y injury, or other trou	TION			DEATH BUT NOT RELATED TO THE TER			
Sony injury, or other trou	RTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D		20a AUTOPSY? 20b. IF	GIVEN IN PART 1 a FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO	
Hem 18 shows ony injury, or other trou	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 210. HOW INJURY OCCU	20g AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
orked or item 18 shows ony injury, or other trou	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21f. LOCATION	20a AUTOPSY? 206. IF IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
m 2.1 is marked or Item 18 shaws ony injury, or other frou		gave rise to immediate cause a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 22a. I certify than 12 Atmosphilis hasp some allive or decrease and allive or decrease.	[c]	OPERATION WAS PERFORMED 21c. HOW INJURY OCCU 21f. HOW INJURY OCCU 21f. LOCATION STREET 19 22 , ond that in (14) (our) opinion	200 AUTOPSY? 206 IF IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 1982, that (4 (we))	
Hem 21 is marked or Hem 1		gave rise to immediate cause (a), stating the underlying cause last the underlying cause last 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFETHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE ALWORK AL	CONDITIONS CONTRIBUTING TO DE CONDITIONS CONTRIBUTING TO DE CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.) (Ital) attended the deceased from June 20 19 8	OPERATION WAS PERFORMED 21c. HOW INJURY OCCU AY YEAR 19 21f. LOCATION STREET 19 82 June 17 19 82 ATTENDING PHYSICIAN	200 AUTOPSY? 206 IF IN CE YES NO NO NO IN CE RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO CAUSES OF DEATH? A 18 PART LOR PART 2) COUNTY STATE 1982, that (4 (we))	
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DHMH - 16 50M 1 (VRA 15, 4)

BP.



FOR

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

3:00

126 KIND OF BUSINESS OR

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NO [

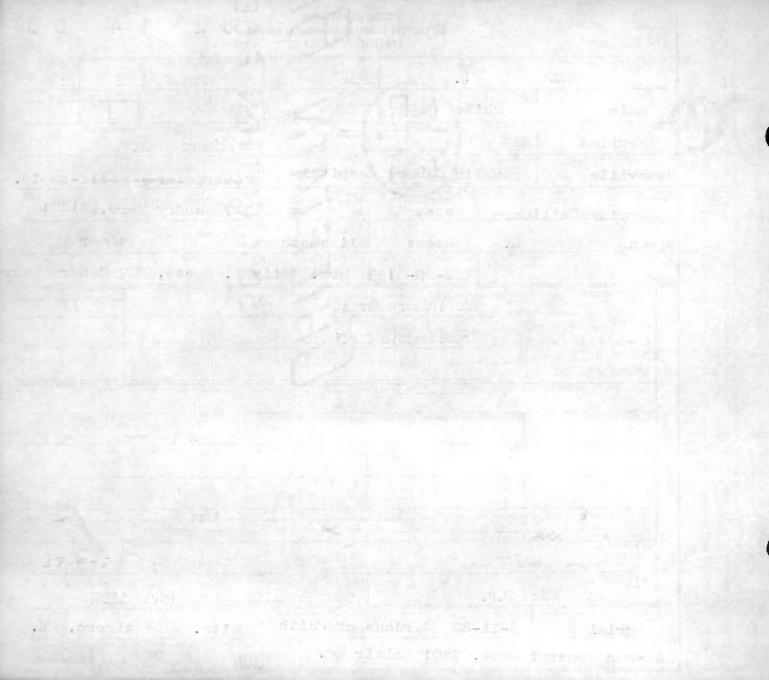
STATE

COUNTY

22c DATE SIGNED

6-9-82

INDUSTRY



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3		STATE REGISTRAR					ICATE OF	DEATH	0	REG. NO	D.	~)	0	
		CEASED NAME OR PRINT)	JOHN		R.		EESE,	Sr.	2a. DATE OF	DEATH	монтн 6 1	3	182	26 HO	55 P.
	3 SEX			4. RACE	THE	S. DATE C	OF BIRTH		6. AGE (INV	EARS LAST BIR		IF UN	IOER I YEAR	IF UNDE	R 24 HRS
1		MALE		WHITE		7	13	118^8	63	1	YRS	MONTH		HOURS	MIN.
1	(RIHPLACE (STATE OR E COUNTRY) Maryland	FOREIGN	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED -	BALT	_	-	UN"			
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6	DSDA	TOWSON	ING HOME OF	GBMC-6	O/OT N.	CHAR	LES S	Т.		& Di					
5	13a S	Maryland	136 COUN		Towson	N	13d. INSIDE	NO K	318 A	Aigbu	rth F	Road	1		
N	14. FA	ATHER'S NAME		MIDDLE	LAST			S MAIDEN NA		MIDDLE		17.	LAS	st	
u	I An M	John	F.		eese	DITY NO	I7 INFORM	atherin	e	ADDRE	\$5			Smit	h
		60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Yes WW II 16b. SOCIAL SECUR						Doris	B. Ree		Same	as	#13.		
		18 CAUSE OF DEAT	H (Enter an	ly ane cause per D BY:	SHOCK	d (c).)		SIL				7	BETWEEN		RVAL D DE ATH
	12	1629	IMMEDIA1	E CAUSE (a)		NCC OF						+	24	пкъ	•
		Conditions, if any,		(b)_	RAWIDELY	MET	ASTAT	1 C SMA	LL CE	LL C	A. 0	F	LUNG	-14	MOS
	gove rise to immediate cause (o), stating the underlying cause lost.							News							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							IVEN IF	V PART 1	0)					
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	RTIFIC						YES NO X)	RTIFYING CAUSES OF DEATH? YES NO NO			
7		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c. HOW I	NJURY OCCUR	RED (ENTER NA	TURE OF INJUR	RY IN ITEM 18	PART 1 (OR PART 2)		12.17
	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURE		21e PLACE						CITY OR TO	W N	-	COUNTY		STATE
	Σ	AT WORK AT WO	RK			6-1		- 00		6-12			3-2		
		22a I certify that (1)	(this hospi			82	nd that in (my	(our) opinion	death accurre	d on the do	ate and ha	., 19_c	from the	that (1) couses s	(we) lost
		22b. Stort a direct	A CHO NO	1 New the body	1/2/	1	DEGREE	ATTENDING	MEDICAL	STAF			22c. DATE	SIGNE	
		22d. P = CIAN'S NA	AME (TYPE O	AULEU R PRINT)	- good	W	PER ADDRE	PHYSICIAN [DIRECTOR				6	15/8	2
1		Char	les	A. Pa	raget)	MO									
		BURIAL, CREMATION, USPECIFY) Entombment	REMOVAL	23b. DATE				CREMATORY		ORTOWN		col	hite		11,418
		UNERAL DIRECTOR		June 1	10		ey val ork Ro	ley Mau		ckeys	NO EGIS	e TRAN	al to	A PLA	Just -
	Ru	ck Towson	Fune	ral Home	ADDRESS			1 11	MIR	1962	CAN	2	7		

DHMH-16 30M 2/80 (VRA 15, 4)

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ALTIMORE COUNTY,		A	Company days and
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	THE WATER		. Thomason . Thomason

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				CERTI	TEATE OF DEATH	REG. NO.		
		CEASED NAME	FIR51	CHARLES	MIDEGOTTS	HALL R	EIGNER	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
	(ITPE	C	HAR	LES	G.		NER	6	-10-82 300	
	3 SE2			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR III UNDER	
9		Male White				NONTH	14,1888 YEAR	93	MONTHS DAYS I LEE	
Ji	7a BI				WHAT COUNTI		14,1000	9 BALTIMORE CITY OR COL	/RS.	
μ		COUNTRY)			WILL COUNT		D NEVER MARRIED			
-	III-CI	Pennsylva		USA	ACCULATION AND A	WIDOWE	DR OTHER INSTITUTION	Baltimore C		
1	I CI	ITT OK TOWN OF DEA	VIII.	OT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR INDUSTRY	
)		Randallst	own	Balti	more Co	unty Ge	neral Hosp.	President	Publishing Co	
1		STATE	i cou	NTY	136 CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
7		aryland	Howa	rd Co.	Ellico	tt City	YES NO X	3356 Chatam	n Road	
	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		
C		Harry Rei	gner				Katherin	ne Gottshall	ŧAST	
		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO					17 INFORMANT Son:	ADDRESS		
2	(4	No	(IF YES, GIV	VE WAR OR DATES)	212-09	-4511	James H. Rei	gner Ellicott	City. Md.	
ľ		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b),	and ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	01	PART I. DEATH W	AS CAUSE	D BY:		EPTICO	SHOCK		BETWEEN ONSET AND DEATH	
		5909	IMMEDIA	TE CAUSE (o)						
		0/0/		DUE TO, OI	R AS A CONSE	OUENCE OF	1EGATIVE	BARILL		
		Conditions, if any,	nediate	(p)						
		couse (a), statin underlying couse		DUE TO, OF	R AS A CONSE	QUENCE OF	T= T . 20	" WRETHOOL S	T2107 -	
М		Dinto office		(c)	4RINA	my e	TEXTEGE =	-GCE(HUAL 3	112 quat	
	Z	-		CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	4 GIVEN IN PART 110	
_	ST.	PERIPHOT		143 Est /	V2 PISE	March 1	OLGANIC 1	BAHN SYNON		
7	CERTIFICATION	190 DATE OF OPERAL		108	HEAVYOR WHI	FULL DE TO	BULLETENY	20a AUTOPSY? 20b. I	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?	
	RTI	, ,	-83	541	IDA-DU	13:679	CHSTOSTOMY	YES NO	YES NO	
		210. ACCIDENT WAS OND	716. TIME O	FINJURY M. MONTH		21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.				19				
	MEDICAL	21d INJURY OCCURR		21e PLACE (OF INJURY	211 LOCATION STREET CITY OR TOWN COUNTY				
	2	AT WORK AT WOR	ILE	THE STA	tel meroki, omi	CE, FARM EIC)			COUNTY STATE	
		220.1 certify that (1)	(this hospi	tal) attended the	deceased from	m6	-3 19 87	10 6 -/6	19 8 2 that (1) (we) last	
		saw the decease above, (I) (we) (d	d alive on	6-	19	Q Jon	d that in (my) (our) opinion o	death accurred on the date and	d hour and from the couses stated	
		226. SIGNATURE	id (did iio)	offer death		DEGREE		22c. DATE SIGNED	
			0	men	0		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1 1082	
		22d. PHYSICIAN'S NA	ME (TYPE C	PRINT)			22e ADDRESS	J DIRECTOR PHISICIAN	4 10 7 02	
		ORLAND	03.	CONANA	w M	0.	BCGH-2	twances town	tol. 21132	
	230 B	BURIAL, CREMATION.					EMETERY OR CREMATORY	123d LOCATION	21133	
		SPECIFY)	- AL					CITY OR TOWN	COUNTY STATE	
		Burial		June .	14,1982	WOO	dlawn	[Woodlawn, Ra	alto Co Md	

DHMH - 16 50M I/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR STATE REGISTRAR

ADDRESS Balto., Md. Stewart & Mowen Co. 108 W. North Ave.

25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

lors latitude Laltimore County a collected altitude of the control of the collected and the colle Serland development tit total care styria otts:11 army ei e The sensit takes . einer illisott Sit, d. 110. co., 110. co., 4. urial ceel,1582 ..occlamn Sclto., .c. otennit an oved bo. 198 m. Mortanive. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

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San Service La					
	A 21.4	of the case	the atomics	Comment Age	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furning should be detached for use as the burial-transit permit. Then please remove corbanopeers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 50M 1/B1 (VRA 1S, 4)

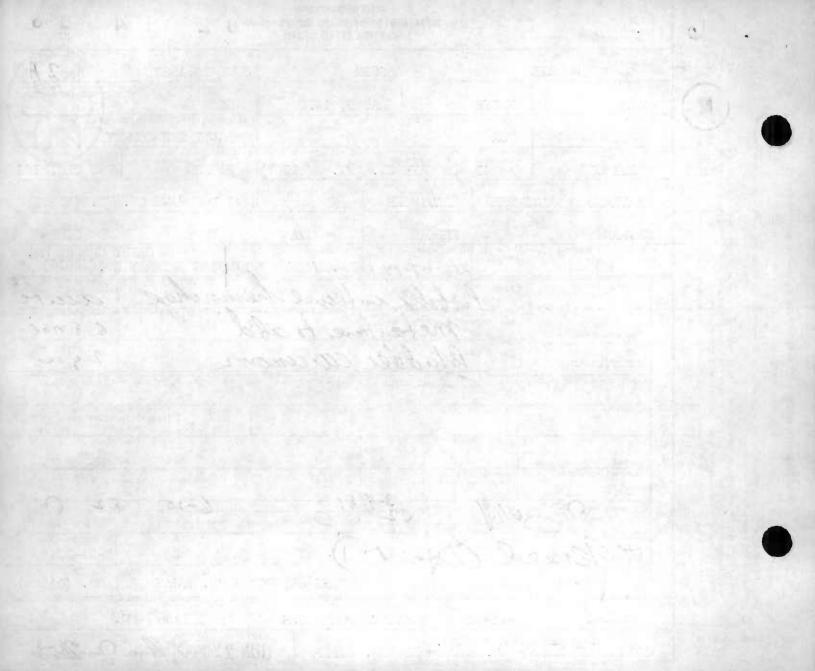
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afterined by the haspital or attending physician.

1	FOR - STATE REGISTRAR	DEPARTMENT CEI	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	14	5 0 5
	CEASED NAME FIRST	Donna M DED	LAST D	20 DATE OF DEATH M		26 HOUR
3. SE	Y	Donna M. REP	ATE OF BIRTH	June 17,		2:55
J. 3E.	Female	White	MONTH DAY YEAR		MONTHS DATS	HOURS MIN
7a BI	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY? 8	Jan. 11, 1915	9 BALTIMORE CITY OR	COUNTY OF DEATH	
1	Indiana		ARRIED X NEVER MARRIED DIVORCED	Baltimore	e County	A
7 F	ITY OR TOWN OF DEATH ROSSVILLE	11. NAME OF HOSPITAL, NURSING HO IF NOT IN SUCH FACILITY, GIVE STREET ADDRES Franklin Square H	s Sospital	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF V Housewife	N 126 KIND (OF BUSINESS C
13a S Ma	aryland Balt	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2709 North	Point Rd.	
2 14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	IA	5.7
0	Benjamin	Fry	Hattie	100	Shuff	
	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	MED FORCES? (E WAR OR DATES) 166 SOCIAL SECURITY M 820-04-3881		R. Repp Sa	me as # 13e	EMATE INTERVAL ONSET AND DEAT
NOI	couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (Chronic by	DUE TO, OR AN CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH Onchitis, Chronic (c)	BUT NOT RELATED TO THE TERM	Minal disease or conditionary diseas	TION GIVEN IN PART 11	01
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	<u> </u>	200 AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY Y	EAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE ON OT WHILE OF ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ET	211 LOCATION SIREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive on above, (X(we) (did) (and no	tal) attended the deceased from JUI June 17 I view the body after death.	ne 15 , 19 82 and that in (my (our) opinion (, to	. 19 <u>82</u> , and hour and from the	that (we) I couses stated
	226 SIGNATURE	aun, N		MEDICAL STAFF DIRECTOR PHYSICIA		7/82
	22d. PHYSICIAN'S NAME ITYPE O		22e ADDRESS		01227	
	Nina Okum			lin Square Dr	·., 21237	
	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		OF CEMETERY OR CREMATORY Lawn			ryland
24 FL	Duda-Ruck		41	E REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNA	TURE THE STATE OF

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗩



IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other traumatic event, the

DHMH - 16 50M 1/B1 (VRA 15, 4)

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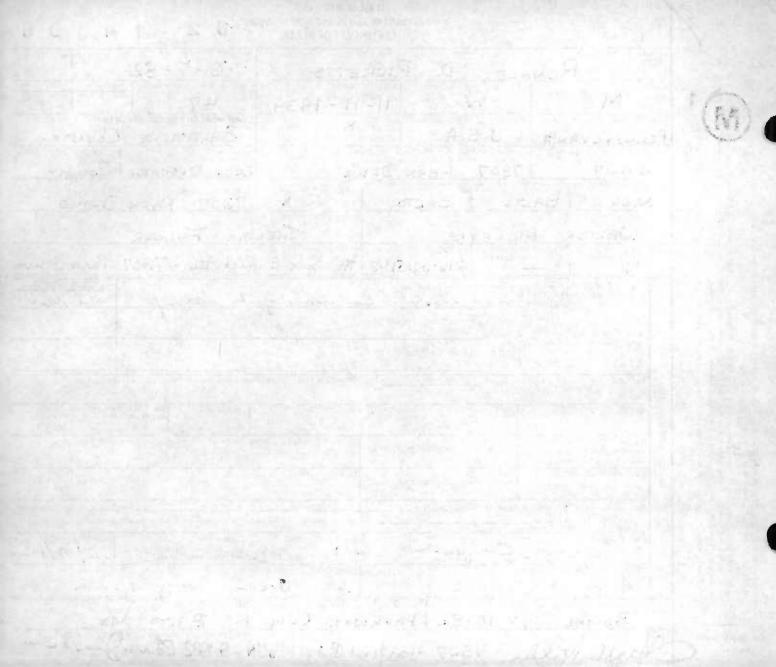
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

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1		4	17/2	LJ.	
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REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO		SUMM		
1. DECEASED NAME FIRS	T MIDDLE	ı	ASI	2a DATE	OF DEATH M	ONTH DAT	Y YEAR	26 HOUI	R
Anto	inette	Ri	cci		6	20	82		М
3. SEX	4 RACE	5. DATE C			IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 2	24 HRS
Female	White	1	17 19		66	YRS	NINS DATS	HOURS	MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIE	P BALTIA	AORE CITY OR	COUNTYO	FDEATH		
Maryland	U.S.A.	WIDOWE	DIVORCE	□ □ Bal	timore	Cour	nty		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTIO	N 12a USUA	ORK FOR MOST OF	N	126. KIND O	F BUSINES	SSOR
Dundalk	101 Wise A	venue			sewife		I TOOUTH		
13a. STATE 13b C	ME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 13c. CITY OR 1		13d. INSIDE CITY LIM	ITS? 13e STREE	T ADDRESS				
	altimore Dunda	alk	YES NO 5		Wise	Avenu	ıe	1	
14 FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDI	ENNAME	WIDDEE		LAS	ST	
Thomas	Strul		Agnes	5		2 - 29 %	Mifk	ovic	
	ES, GIVE WAR OR DATES)		17 INFORMANT			101 W	Vise I	Aven	ue
No	217-05	5-8015	Franklir	A. Ric	cci	Balto)., M		
18 CAUSE OF DEATH (Ent	lei only one cause per line for (a), (b	1, and Ic	1	1			BETWEEN	IMATE INTERV ONSET AND D	VAI DEATH
	DIATE CAUSE (a) CAROIC	RESPIR	a tory t	west		2 M M			
11790	DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if ony, which	Conditions, if ony, which (b) UTERINE CARCINOMA.								
couse (o), storing th									
underlying couse los	underlying couse lost.								
PART 2 OTHER SIGNIFICA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN									
Y 190. DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YES, V IN CERTIFY!	WERE FINDING CAUSES	OF DEATH	H?
I I				YES 🗆	NO	YES		NO 🗌	
00.00		DAY YEAR	21c HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART	(OR PART 2)		
I IF EITHER NOTIFY MEDICAL EXA	MINER) P.M.	19		114					13
UF EITHER NOTIFY MEDICAL EXA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE FARM ETC)	211 LOCATION STREET		CITY OR TOW	7	COUNTY	51	ATE
AT WORK NOT WHILE									
	hospital) attended the deceased from				6	, 19		that (I) (w	
	of view the body ofter death.	9 <u>0</u> , on	nd that in (my) (aur) of	pinion deoth occur	rred on the date	e and hour o	nd from the	couses stat	ted
276. SIGNATURE	n_ /		DEGREE	hio uspica	1 STAFF		27c. DATE	IGNED	1
fact ,	120 mount 1 m	0	ATTEND PHYSIC		STAFF OR PHYSICIA		0/	20/	82
THE PHYSICIAN'S NAME I			22e. ADDRESS	11		- 11	1		
NACOB	Mormensa	4,000	Joth	is thou	okins	1	2501	1772	_
23a. BURIAL, CREMATION, REMO	OVAL 23b DATE	3t. NAME OF C	EMETERY OR CREMAT		CATION	,	COUNTY		A15
Burial	6/23/1982	Meadov	vridge		csey			aryla	and
24 FUNERAL DIRECTOR Dud	a-Ruck, Inc.	55		DATE REC'D. BY	REGISTRAR 25	B REGISTRA	NS SIGNAT	W_	,
7922 Wise Av	enue Dundalk	MD.	21222	JUN 22	1982	pances	Jan	with	40

JACES NOTHINGER, MO. JOHNS TORMING HERMING



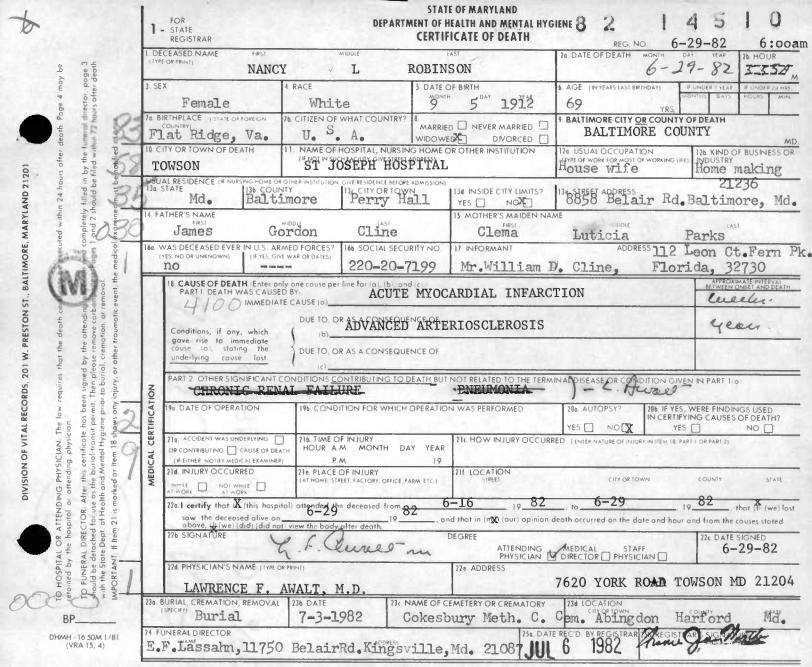
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 4

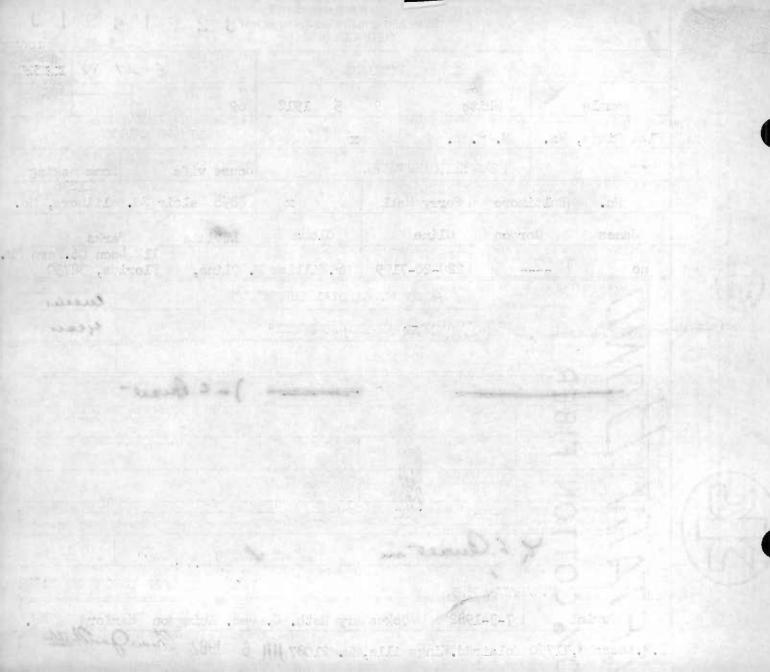
	1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
Н		CEASED NAME	1dre		MIDGLE	ı	AST	20 DATE OF		DAY YEAR	26 HOUR
			rure		. Rob				25, 1982		8:10am
	3. SE	× Female		White		Jan		6 AGE (INY)	EARS LAST BIRTHQAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
-		RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8		- 9 BALTIMO	RE CITY OR COUNT	Y OF DEATH	1
5	(ennsylvani		U.S.		MARRIE	DIVORCED	Da1+	imore Cou		MD
7		Rossville		Frank1:	H FACILITY, GIVE STREET in Square	Hosp	ROTHER INSTITUTION		OCCUPATION CFORMOST OF WORKING LI Maker		
E	13a S	Maryland	136 COU		GIVE RESIDENCE BEFORE 13: CITY OR TOW Parkvil	N	13d INSIDE CITY LIMIT	2517		Road	
2	14 FA	THER'S NAME EIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE	LA.	ct.
10		Jessie			Miller		Sarah			Tracey	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
		NO NO PRINCIPAL (16 YES, GI		TO THE OR DATEST	E / C O / O E O E A = A A A A A A A A A A A A A A A A A				Same as	s above.	
X	CERTIFICATION	Atri 190 DATE OF OPERAT	which nediate g the last.	DUE TO, OI (c) CONDITIONS CC Ibrillat 196 CONDI	Probable Probable Acidosis ONTRIBUTING TO D TION FOR WHICH	NCE OF NCE OF DEATH BUT	ic Chock W	ilure, Ao 200 AUTO YES	rtic Valve	Prost	hesis NGS USED
9	MEDICAL CH	21a. ACCIDENT WAS UNDERLYING ☐ THE OF INJURY OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY ON THE OF INJURY IN OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY IN OR A.M. MONTH DAY YEAR OF INJURY IN OR INJURY OCCURRED (ENTER NATURE OF INJURY IN OR INJURY OCCURRED) 21a. INJURY OCCURRED 21b. PLACE OF INJURY 21b. LOCATION						TURE OF INJURY IN ITEM 18	PART 1 OR PART 2}		
1	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) 21l LOCATION STREET CITY OR TOWN								COUNTY	STATE
		220 I certify that I) saw the decease above, (nowe) (d 22b SIGNATURE	this hosp d alive ar lid) (d)	June U view the bady	25 19 after death.	0Z on	d that in (aur) api		ne 25 d on the date and hou	19_82 , or and from the	
		7-	iel	il			D ATTENDIN PHYSICIA	MEDICAL	STAFF PHYSICIAN	6	25/82
		Rol and	I Fri	edrich,	M.D.		9000 Fr	anklin Sq	uare Drive	21237	
		URIAL, CREMATION, SPECIFY) Burial	REMOVAL				EMETERY OR CREMATO	CITY	OR TOWAL	COUNTY	STATE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH LIVPE OR PRINTS HARRIET ROHDE JUNE 21, 1982 11:11 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR NOV. DA 1898 YEAR Female White BIRTHPLACE ANATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U. S. A. BALTIMORE COUNTY WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE DULANEY TOWSON NURSING CENTER TOWSON Homemaker Own Home WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 8415 Bellona Lane Maryland Baltimore Towson 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Nellie Lush Cornelius 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 083-14-3535B William E. Rohde, Same As #13e 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse ioi, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 7 In ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STATE WHILE NOT WHILE 22a I certify that (I) (the hope tal) attended the diceased from 19 52 sow the deceased alive on and that in (my) (and apinion death accurred on the date and how and from the causes stated obove, (1) (we) (chel) (did not) view the body ofter death 27h. SIGNATHER ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7501 York Road, Towson, Maryland 21204 Charles F. O'Donnell M. D. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 6-24-82 Amityville Cemetery BP Amityville, New York 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 ADDRESS 1050 York Rd (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

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		merial confirmation	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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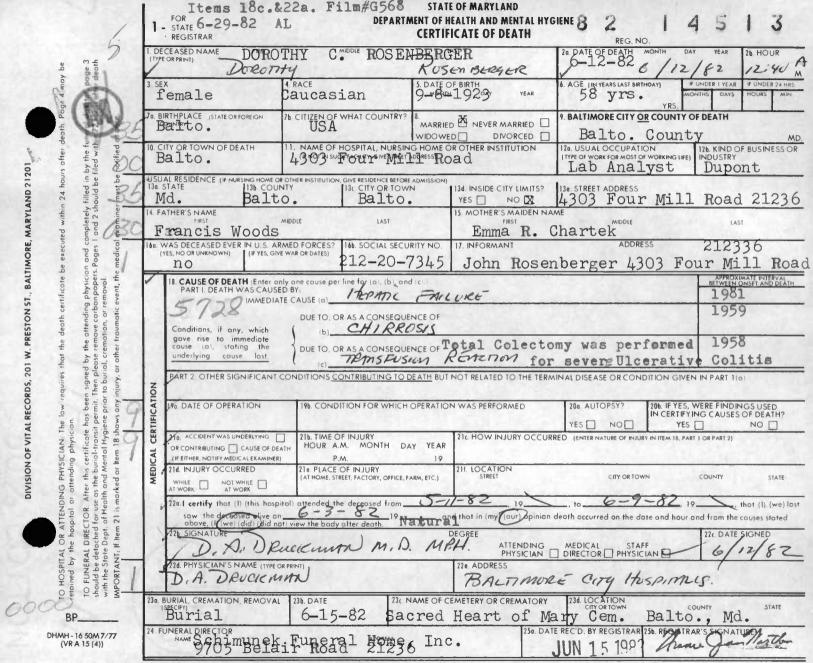
- STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR MILTON ROPKA JUNE 11, 1982 3 SEX 4 RACE S DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Engineer Railroad 8801 Littlewood Road ADDRESS 17-09-8400 Lottie M. Ropka Balto., MD 21234 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (1) (our) opinion death accurred an the date and hour and from the couses stated 22c. DATE SIGNED 06-11-8 DIRECTOR PHYSICIAN

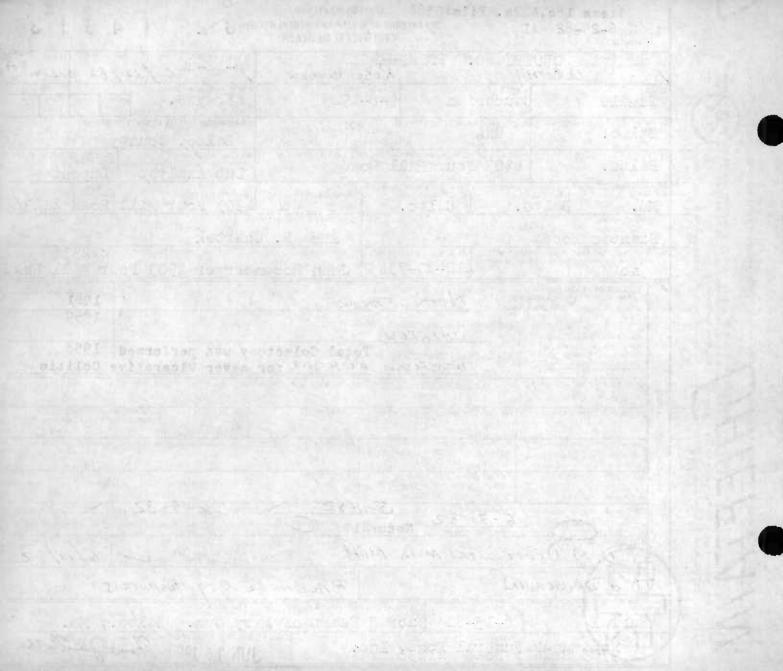
DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

June 14, 82Dulaney Walley Mem. Gar. Baltimore Co., MD 24 FUNERAL DIRECTOR William E. Johnson 8521 Loch Raven Blvd. JUN 14 1982

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH IF LINDED I VEAD BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING (IFE) Retired Accountant State Of Md 3410 Glenmore Ave O'Brien Miss Margaret A Rosendale Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARCINOMA OF STOMACH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

New Cathedral

STATE COUNTY

ond that in (aur) opinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED

23c NAME OF CEMETERY OR CREMATORY COUNTY

Baltimore.

DHMH - 16 50M 1/B1 (VRA 15, 4)

(SPECIFY)

Burial

- STATE

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

6/25/82

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()	3 SE)	(4 RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UI	NDER I YR.	IF UNDER		DATE	MONTH	DAY	YEAR	9:20
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ATE, TATE, TO SRW	18	22a I certif	y that I taak charg	e of the remains de	cribed obo	ve, held on	Auto	osy X.	Inspectio	n 🔲 , I	nquiry ,	and in my	opinion		
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	(TYPE OR PRIN	ION, REMOVAL 2			NAME OF CEA	AETERY (ADDRESS_ OR CREMATO		23d LOCA					
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0000 DHMH - 17	24 F	UNERAL DIREC	TOR	ADDRESS	6500	York				REC'D. BY REC	GISTRAR 256	REGISTRAR'S	SIGNA	TURE	
(VR A15 ME (5))	Mj	tchell-	Wiedefe]	ld Home,	Inc.	Balto.	, Md	.21212	JUI	231	982 72	2	1	W	

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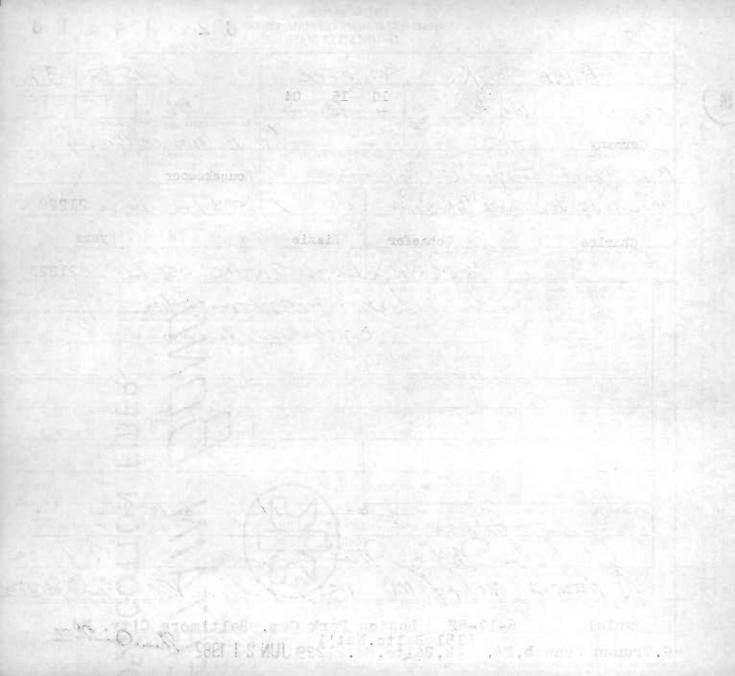
o contract had been

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-WALTER H RZEPKOWSKI 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCE MALE WHITE AUG. 26, 1901 80 YRS DEAD Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. BALTIMORE COUNTY BALTO. MARYLAND WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS TOWSON FOR MOST OF WORKING LIFE) OR INDUSTRY RETAIN P. ST JOSEPH HOSPITAL LABORER OIL INDUSTRY USUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE THE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE 4207 MARY AVE. BALTIMORE MD. YESX NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE JOHN RZEPKOWSKI ANTIONETTE SIWAK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS BALTO. DIVISION (IF YES, GIVE WAR OR DATES) NO 215 22 5170 ANNA M. RZEPKOWSKI 4207 MARY AVE. MARYLANI 18 CAUSE OF DEATH (Enter only one cause per line ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. o (o), (b), and (c CARDIAC ARREST BETWEEN ONSE PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o CONGESTIVE HEARI DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF RIGHE lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to WRITING THE WORD "PE ARDED TO THE CHIEF A AGE 3 SHOULD BE USED, ATE DEPARTMENT OF HE 7201 PRIOR TO BURNAL, I 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS BERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS UP AM MONTH DAY YE LOR UNDERLYING CONTRIBUTING LOUSE OF DEATH FELL AT HOME 21e PLACE OF INJURY 211. LOCATIO EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BAJTIMORE, MARK DAND, 27201 P AT WORK AT WHILE 22a I certify that I taak charge of the remains described above, held on Autopsy and in my opinion Accident Suicide death resulted from: Natural causes Homicide L Undetermined manner SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE MOST HOLY REDEEMER RURTAL CEM. BALTIMORE MARYLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGIST **DHMH-17** DIPPEL FUNERAL HOME (VR A15 ME (5)) 15M 2/80

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	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	O Bue	14518
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO	AONIH DAY YEAR 26 HOUR
4	(TYP	EORPRINTS ANNA	K.	Schne Fer		6-15-82 310 M
)	3 SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
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3917	/a B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	Δ .
ta de	10 C	Germany ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUE	WIDOWED DIVORCED DIVORCED RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ore (nunty MD. 126 KIND OF BUSINESS OR
10	13	oldo Counki	TNG/ENUOK		(TYPE OF WORK FOR MOST OF Housekeepe:	WORKING LIFE) INDUSTRY
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00		Charles		efer Lizzie		Myers
aedica 		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	ECURITY NO. 17 INFORMANT	ADDRES	S
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. <u>E</u>	TION					
shows only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
7	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR		
1	Z. F.	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
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			ital) attended) he deceased fra	m = 0 = 10 0 5	1- 6	15 19 83 , that (1) (ma) last
		saw the deceased alive or	6		death accurred an the dat	e and haur and fram the causes stated
		226 SIGNATURE	ot) view the body after death.	PEGREE		27c. DATE SIGNED
		Colle	lan Hick.	ATTENDING PHYSICIAN [MEDICAL STAFF	AND 6-16-89
1		22d PHYSICIAN'S NAME (TYPE O) McKar	MD 1/22 0 11	010 - h	20 13. Of Jun 1/2:
-	23a	BURIAL, CREMATION, REMOVAL	23b DATE 2	31 NAME OF CEMETERY OR CREMATORY	23d LOCATION	1 /20-10 /14 4
		Burial	6-17-82	Loudon Park Cem.	CITY OR TOWN	e City M.
1		UNERAL DIRECTOR			E REC'D BY REGISTRAL	MEGIS OF MICHAEL
	G.	Truman Schwa	b, PA, Pk, B	alto, Md. 21229 JU	12 T 1385	6



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR	CERTI	FICATE OF DEATH	REG. NO	1 7 3	2 0
.0		CEASED NAME FIRST	MIDDLE	LAST			2h HOUR-
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5/	7s. b	RTHPLACE ISLANCE CONCOR	b CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY O	R COUNTY OF DEATH	
25	1	BAITO.	11. S.A. WIDOW	ED NEVER MARRIED	RAI	TO COUNT	/
121	10,0	STY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		12a USUAL OCCUPATION	ON 126 KIND OF	BUSINESS OR
10	7	QUISON 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HOSPICE	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTING	nry
2000	050	ALRESIDENCE IF HUSING HOME OR C	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		CLEIRE-1	Y/A Knot	t Co.
15	1	ma list count	Balto.	13d. INSIDE CITY LIMITS?	2756	PELHAM	AVE.
00	14, 57	ATHER'S NAME	NDDLE LAST	15. MOTHER'S MAIDEN NAM			
200	-	JOHN M	. VHAFFER	BARBARA	MIDDLE	FAL	CK
S del		WAS DECEASED EVER IN U.S. ARM		17. INFORMANT	ADDRE	SS	4256N
Euglis	1	(IF YES, GIVE	DIA 09 894	19 STELLA	marist	HOSPICE 1	nde
F		18 CAUSE OF DEATH (Enter only	y one couse per line (a), (b), and (c),	II VILLUIT	11115219 1		ATE INTERVAL
vent	-	PART I. DEATH WAS CAUSED	CAUSE (a) ACUTE /	NOCAPNAC	INFAR	TOA)	ISET AND DEATH
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E		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	2			
r tro		gove rise to immediate cause (a), stating the	10)				
othe		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	1			
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E 9		OR CONTRIBUTING CAUSE OF DEAT	//				
ž/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	21f LOCATION			
ked	M.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	STREET	CITY OR TOV	NN COUNTY	STATE
mor		22a.1 certify that (I) (this hospital	all attended the decrosed from 3	5.1 10 80	- /- 1	7 10 802 1	
2		sow the deceased alive on_	Vune 16 19 82	nd that in (my) (our) opinian d	eath occurred on the do		ot (I) (we) last
E .		abave, (1) (we) (did) (did not) 22b. SIGNATURE	view the body offer death.	DEGREE		22c. DATE SH	
±			3		MEDICAL STAF		1 CA
Z		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC		1.804
OR!						Touron	-mD
MPORT	42	EDDIE NAKE			RIS HOSPI	CE-DULANTE	Y VAUE
		BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d LOCATION	T+ ~ CXWW2	STATE
1711	,	Durtat	0/19/02 Sacre	d Heart of	Jesus, Ba	Too., Ma.	

DHMH - 16 50M 1/81 (VRA 15, 4) 556 Himmek Funeral Home, Inc. 3331 Brehms Lane, Balto., Md.

So DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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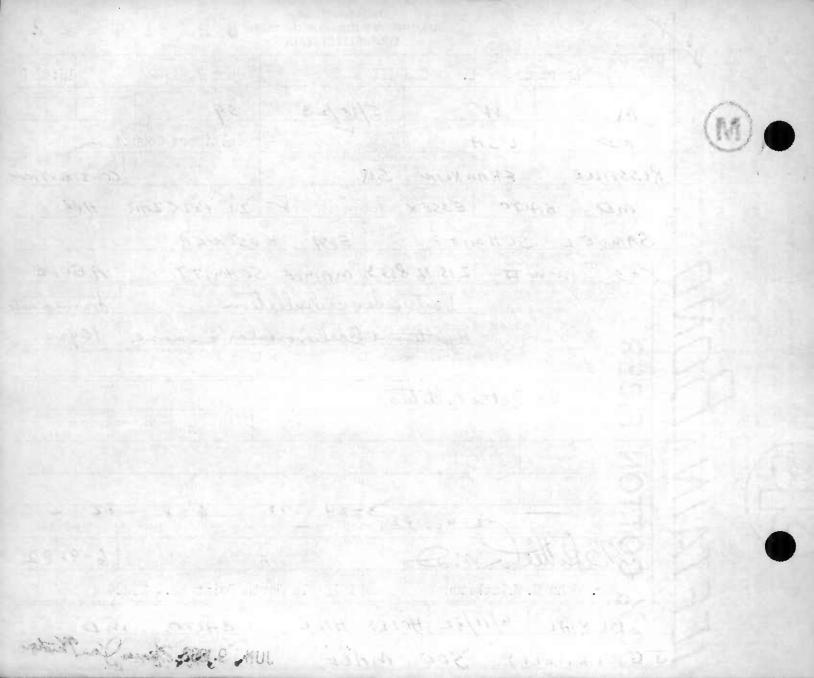
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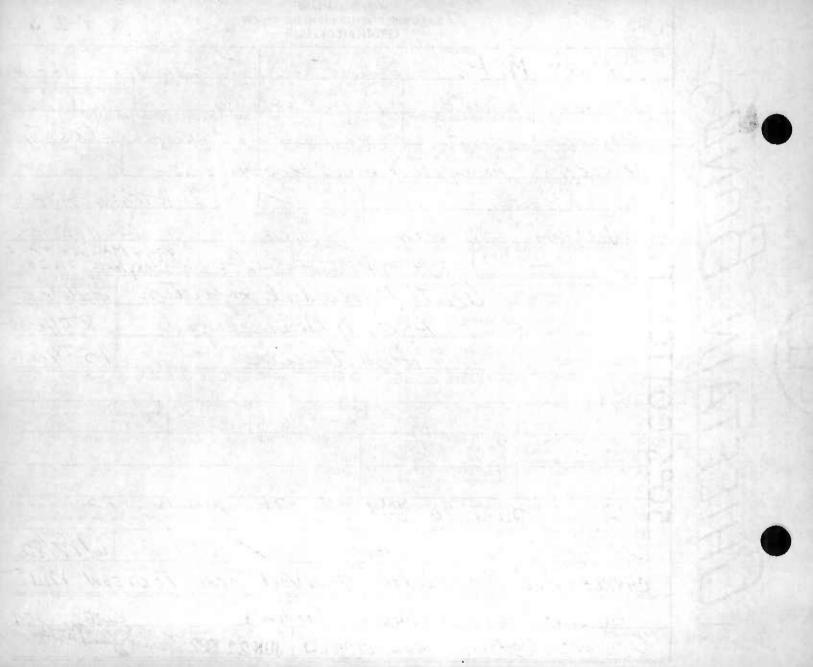
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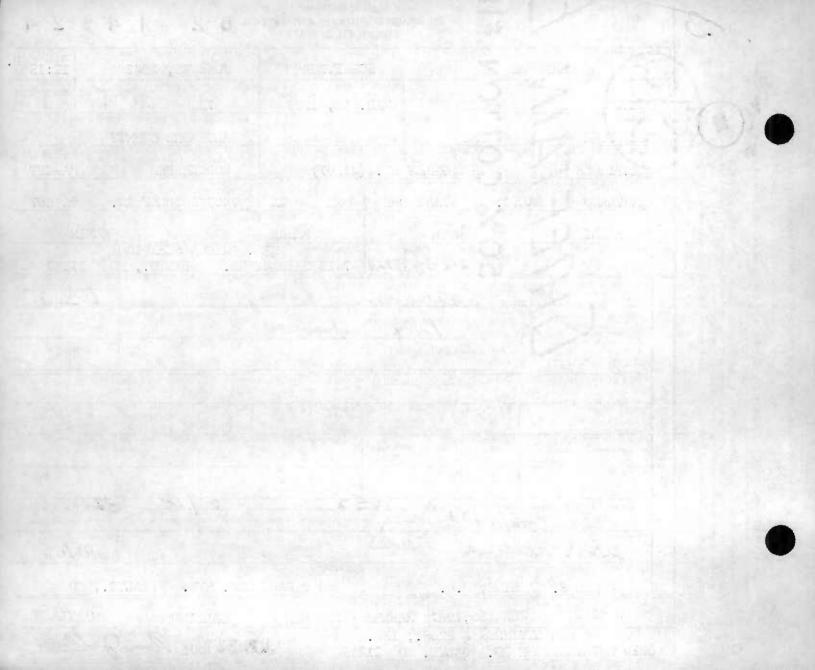


STATE OF MARYLAND



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



- STATE

24 FUNERAL DIRECTOR

DHWH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS NADINE SCHWARTZ 06 23 82 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SELF-EMPLOYED HAIR DRESSER 3401 BENSON AVENUE, 21227 TAYLOR DEBORAH McGUIRE, 3401 BENSON AVENUE, 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY

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ST. AGNES HOSPITAL, ONCOLOGY DEPARTMENT

ENTOMBMENT LORRAINE PK. MAUSOL. 06-28-82

BALT IMORE 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

- STATE REGISTRAR			CERTIF	ICATE OF	DEATH	REG.	NO		
1. DECEASED NAME FIRS	T.	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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3. SEX	4. RACE		S. DATE (46.0	6 AGE (IN YEARS LAST E	BIRTHDAY)	IF UNDER I YEAR	
male	Bla	ack	1	13	YEAR	38	YRS	MONTHS	HOURS MIN.
To. BIRTHPLACE ISTATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED .	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	USA		WIDOW	_	NORCED X	BALTIMORI	E COUNT	ry	M
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCCUPA			OF BUSINESS OF
TOWSON	ST .	JOSEPH HOS	SPITA	L		clerk	01 11011111011		market
USUAL RESIDENCE (IF MURSING HO 130 STATE	OUNTY	GIVE RESIDENCE BEFORE		113d INSIDE	TITY FIMITS?	13e STREET ADDRESS			
Md. H	arford	Aberdeen		YES 😿	NO 🗆	403 Plaza			
14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER	S MAIDEN NA			I A	
Joseph		Scott		На	ttie	MIDDLE	AY	nderson	
160 WAS DECEASED EVER IN U.	S. ARMED FORCES?	160 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADD	RESS		
No	es, ove wan on pares,	219-42-51	171	Larry	Struth	ners			
18 CAUSE OF DEATH (Ent		r line far (o), (b), and	d (c) T					BETWEEN	MATE INTERVAL
PART I, DEATH WAS C	AUSED BY. EDIATE CAUSE (a)	MASSIVE	EINT	RACRANI	AL HEMO	DRRHAGE			
4021	DUE TO. C	R AS A CONSEQUE	NCE OF				11774		
Canditions, if any, which		MALIGNA	NT H	YPERTEN	ISTON				
gave rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQUE	NCE OF					3 100	
underlying cause las	<u>st.</u>		3						
PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN									
5 190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		YING CAUSES	
AT L						YES X NO		s 🗌	NO 🗆
OD CONTRIBUTION CAUSE	-	OF INJURY .M. MONTH DA	YEAR	21c. HOW IN	NJURY OCCURE	RED (ENTER NATURE OF IN.	IURY IN ITEM 18 P	ART I OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXA	(MINER) P	M.	19					M - 14	6
21d. INJURY OCCURRED		OF INJURY REAL FACTORY, OFFICE, F.	ARM ETC)	21f LOCATI		CITY OR I	OWN	COUNTY	STATE
MALIE NOT MHILE							0.00		7 11 10
220.1 certify that XI (this saw the deceased by	haspital) attended the	e deceased from	826-2		_, 1982	, , , , , , , , , , , , , , , , , , , ,			that 🌤 (we) last
sow the deceased lin abave, X (we)(did) d	ve on	after deoth.	Non	d that in (my	(aur) apinion (death occurred on the	date and hou	r and fram the	causes stated

IMPORTANT: If Item 21 is marked ar Item 18 shaws any SAMUEL LEE, M.D. 230 BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

22e ADDRESS

ATTENDING PHYSICIAN

7620 YORK ROAD TOWSON MD 21204

MEDICAL STAFF
DIRECTOR PHYSICIAN

23b. DATE 231 NAME OF CEMETERY OR CREMATORY burial Mt. Calvary

23d LOCATION

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

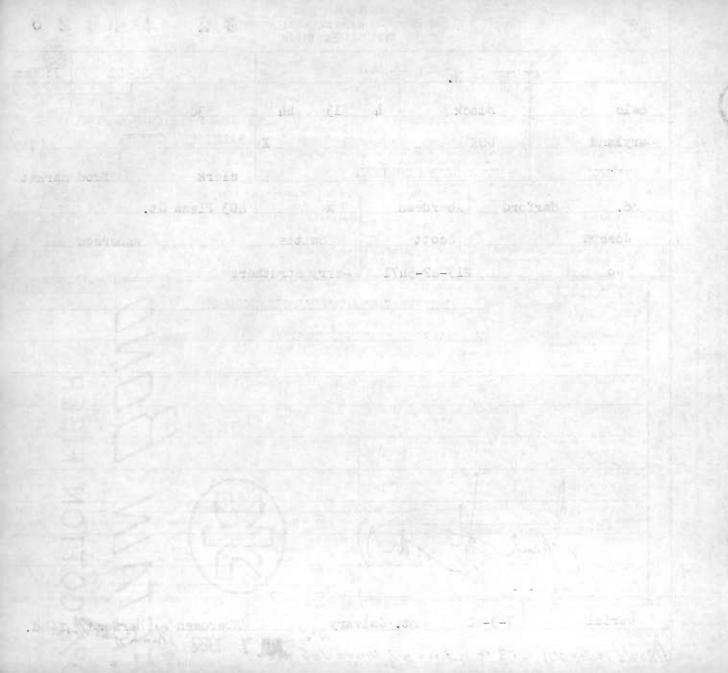
24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

BEARN 353 FOUNTAIN ST. Houve de

22c. DATE SIGNED

7-1-82



STATE OF MARYLAND
DED A DEMENT OF WEATHER AND MEN

PEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4527

1		Neo lo i ki ki						REG. N	0.		
- 1		CEASED NAME	FIRST	A	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
	TYPE	OR PRINT)	n 1.	, -	7	0.	1		1 / 20/	100	0 0
	1	/	Vicha	e6 J	1	Se	6 rec		0/00/	82	8:00 AM
7	d: SE	X		4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		/		1 -	1-	MONT			MO	ONIHS DATS	HOURS MIN.
	F .	male		Whit	e	3	14 14	68	3 YRS		
1	T. BI	RTHPLACE ISTATE OF	REOREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8		9 BALTIMORE CITY		OFDEATH	
L		COUNTRY)		010	0	MARRIE	D MEVER MARRIED	0 1:	<u> </u>		
3		Md -		US	ilt.	WIDOWE	DI DIVORCED	Balti	noie	Loun	14 MD
	10 CI	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL NURSI	ING HOME O	OR OTHER INSTITUTION	12g USUAL OCCUPAT	ON	12h KIND O	F BUSINESS OR
1	1				H FACILITY, GIVE STREE			TYPE OF WORK FOR MOST O		INDUSTRY	7 003114033 011
C	/	Balto.		5305	Kenwo	ZA DO	renue	Milkman		Clos	rerland
		AL RESIDENCE (# NUF	SING HOME OF				Cirac	I III I I I I I I I I I I I I I I I I		TOTOV	CLIUIIU
L	13a S	STATE	136 COUN		130 CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	/	navy land	130	timore			YES TO NOTE	5305 KI	nwood	AVO	. 21206
	14 EA	ATHER'S NAME	120	9111.0.0			15 MOTHER'S MAIDEN NA		7700000	.,	. 1200
70		FIRST		MIDDLE	LAST		FIRST	MIDDLE		LAS	T.
VČ.	C	eorge			Sebree		Marv				
		WAS DECEASED EVE	D IN I I C AD	MED FORCES?	16b SOCIAL SEC	TIBITY NO	17 INFORMANT	ADDR	cc		
Н		YES NO OR UNKNOWN)		E WAR OR DATES	100 SOCIAL SEC	UKITT NO.	17 INFORMANT	ADDRI	.33		
2.1		Yes		W.11	217-05	-7549	Alma R. Se	broo 530F	Kont	A boos	1770
							AIIIa N. De	DIES 2202	VEIIW	AUUU A	VE
		18 CAUSE OF DEA	TH Enter or	ly one cause per	line far (a), (b), a	nd (c'.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I DEATH			Carcinom	a of	colon with liv	er metastas	es	1/4 1	nonths
		1000	IMMEDIA	TE CAUSE (a)						14 11	ionens
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		Conditions, if any	which	(
		gave rise to im		(b)	-	-				-	
		cause (a), state	ing the	DUE TO, OF	R AS A CONSEQU	JENCE OF				1	
		underlying caus	e last.								
	100			(6)							
	-	PART 2 OTHER SIG	INIFICANT (CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	D
	ő	10 To									
	CERTIFICATION	19a DATE OF OPERA	ATION	19h CONDI	TION FOR WHICH	HOPERATIO	N WAS PERFORMED	20g AUTOPSY?	Tank IF YES	WERE FINDIN	VCC LICED
7	Ö	4/16/81	411014		cinoma o			ZUL AUTOFST:		ING CAUSES	
Z.	E E	4/10/01		Car	CINOMA O	T COT)II	YES TI NOW	YES		NO []
-	2	21a. ACCIDENT WAS UN	NDERLYING F	7 216. TIME O	FINILIRY		21c HOW INJURY OCCURE	DED (sures or or or or	2	07 - 000 - 000 01	
		OR CONTRIBUTING				DAY YEAR	THE HOW IN JOK! OCCOR	CED (ENTER NATURE OF INJU	KT IN HEM 18 PAI	RI 1 ORPARI 2)	
7	AL	(IF EITHER NOTIFY MED			M	19					
4	MEDICAL	21d INJURY OCCUP		21e PLACE (17	211. LOCATION				
	AEC		WCD.		EET, FACTORY OFFICE	FARM, FIC I	STREET	CITY OR TO	WN	COUNTY	STATE
	<	AT WORK NOT W	THILE								
				. 1 1 1 1		4/10/	/81	6/20/	27		
		22a.l certify that ()		(12	deceased from,	02		, 10			that (I) (we) last
		sow the deceo	sed alive an	6/2	19_	82	nd that in (my) (our) opinion (death accurred an the d	ate and haur	and from the	causes stated
		22b. SIGNATURE	(a)a) (aia na	t) view the bady	after death.		DEGREE			100 5475	CICNED
		220. SIGNATURE	. ,	11. 6	10			4.0000		220 DATE	SIGNED
		1 guya		0 /00/	(are		ATTENDING PHYSICIAN (MEDICAL STA		6/2	0/82
		228 PHYSICIAN'S N	AME (TYPE	AP PRINT!			22e ADDRESS	J DIRECTOR LI TITISK		10/2	702
					- M D			1 Combon 1	C	Ma c	21204
		Renjami	n v. I	DelCarme	n, M.D.		Osler Medica	il Center,	lowson,	, Md. 2	21204
-	-			7							
		BURIAL, CREMATION	, REMOVAL	23b DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COLUMN	*****
		urial		6-23-	82 6	arda	ns of Faith	Balto.	T	Balto.	Md.
		пттат		0-23-	02 0	araei	is of raith	Darto.	L	JUTICO.	PIC.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows an

John C. Miller Inc. 6415 Belair Rd.

a DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

the state of the s

MEDITANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medicalexamine must be landed at

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

								REG. I	NO.		
	CEASED NAME E OR PRINT)	Susan	R.	Seibe		ÄST		ne 22,	MONTH	DAY YEAR	2ь ноия 10:54а,
SE	x Female		4. RACE White	HIGH	5 DATE O	ре віктн he 27°, 190°		78	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
0 C	RTHPLACE (STATE OF COUNTRY) Cotland ITY OR TOWN OF DE	10	Scot		WIDOWE G HOME (DDRESS)	D NEVER MARRIED DIVORCED OR OTHER INSTITUTION	Ba	IMORE CITY Itimore UAL OCCUPA WORK FOR MOST HOUSE	or count e Cour	12b. KIND C	MD DF BUSINESS OR
05U. 13a. S	AL RESIDENCE (IF NUE STATE AT Y LAND	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Middle	ADMISSION)	13d. INSIDE CITY LIMI YES NOXO	15? 13e STE	B15 La			
	FIRST	lven	MIDDLE	LAST		Mario		Math	ieson	LA	ST
	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	280 16 8		17 INFORMANT Donna Mae	Welch,	ADDI	RESS 94		Pine Ro d. 21220
	Ganditions, if any gave rise to im cause (a), stati	mediote	DUE TO OF			or Myocard					
NO	gave rise to in cause (a), state underlying cous	mediate ing the e last.	DUE TO, OF	Anterior	CE OF	or Myocard nferior Myo Ageliated to the	ocardia	l Infai	ction	IVEN IN PART to	a
TIFICATION	gave rise to in cause (a), state underlying cous	mediate ng the e last.	ONDITIONS <u>CC</u>	Anterior	ined	nferior Myd	ocardia TERMINAL DIS	Infai	Ction POITION GI 206 IF YE	IVEN IN PART 1:	NGS USED
CAL CERTIFICATION	gave rise to imcause (a), stati underlying cous	MERLYING CAUSE OF DEA	196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI	RASA CONSEQUE Anterion SUMMEDIA TION FOR WHICH OF FINJURY M. MONTH DA	TINED	nferior Myo	DCATCHIA TERMINAL DIS	Infa	CCTION NDITION GI 20b. IF YE IN CERT Y	ES, WERE FINDI	NGS USED
MEDICAL CERTIFICATION	gave rise to im cause (a), stath underlying cous PART 2. OTHER SIG 19a DATE OF OPER/ 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE WHILE INJURY OCCUP WHILE IN NOT WAT WORK	THON ATION ADERLYING CAUSE OF DEA CRED CHILE CORR CHILE CORR	19b CONDI 19b CONDI 19b CONDI 19b TIME OI 19b HOUR A./ P./ 21e PLACE ((AT HOME, STR	RASA CONSEQUE ANTERION ON UNICE CETT TION FOR WHICH OF FINJURY M. MONTH. DA M. DF INJURY EET EACTORY, OFFICE FA	TE OF I	nferior Myc Age ATED TO THE N WAS PERFORMED 211. HOW INJURY O	DCATCHIA TERMINAL DIS	Infa	CCTION NDITION GI 200 IF YE IN CERT Y URY IN ITEM 18	ES, WERE FINDI	NGS USED
	gave rise to in cause (a), stati underlying cous PART 2. OTHER SIG 19a. DATE OF OPER/ 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY MEE 21d. INJURY OCCUP WHILE AT WORK AI W. 22a. I certify that	ATION ADERLYING CAUSE OF DEA CAUSE OF DEA CRED Chils haspit	19b CONDI 19b CONDI 19b CONDI 19b TIME OI 19b HOUR A./ P./ 21e PLACE ((AT HOME, STR	AND CONSEQUE ANTERION ON UNITED TO TION FOR WHICH (FINJURY M. MONTH DA M. DEFINJURY ELEACTORY, OFFICE FA E deceosed from	PERATIO Y YEAR 19 RM EIC) UNE 82, or	nferior Myc Age ATED TO THE N WAS PERFORMED 211. HOW INJURY O	TERMINAL DIS TE	Infan SEASE OR COI AUTOPSY? NOT SER NATURE OF INJ CITY OR T	20b IF YE IN CERT YURY IN ITEM 18	ES, WERE FINDII IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE That (we) last causes stated

BP.

DHMH - 16 50M 17 (VRA 15, 4)

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- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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SELL SO. MER. SEAR	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
KE	ENNETH H	SHEARER	78	6-15-82	11:00p
1 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BI		
MALI	WHITE	TAN. LIGHT	71	YRS MONTHS DAYS	MOURS MIN.
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
MARYLAND	U.S.A.	WIDOWED DIVORCED	RALTI M	ORE COUNTY	MD
CITY OR TOWN OF DEATH		L, NURSING HOME OR OTHER INSTITUTION			OF BUSINESS OR
TOWSON	ST JOSEP	H HOSPITAL	U.S. COV		
SUAL RESIDENCE (IF NURSING HOA					111 02-11
0		OR TOWN 138 INSIDE CITY LIMI		Kinbs Rioc	3 ROAD
4. FATHER'S NAME		15. MOTHER'S MAIDE	NNAME	KINGS KIDI	JE NU BU
7 - 0 - 0 11	HOWARD SE	HEARER IRECE	WIDDLE	MCFA	DDEN
60 WAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOC	CIAL SECURITY NO. 17. INFORMANT	ADDR	RESS	PPZI
(YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	099739 FAMI	LY RECORD	5	
	er anly ane cause per line far to	a), (b), and (c			XIMATE INTERVAL NONSET AND DEATH
PART I. DEATH WAS CA	USED BY: CONG	ESTIVE HEART FAILURI	2		
4292		ONICEONENCE OF			118
Canditians, if any, which	ARTE	RIOSCLEROTIC CARDIO	ASCULAR DISEA	SE,	
gave rise to immediate cause (a), stating the		SEVERE	Service Control		
underlying cause last		ONSEQUENCE OF			
PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART	lla
PNEUMONIA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	
E .			YES NO	IN CERTIFYING CAUSE	NO
210. ACCIDENT WAS UNDERLYING			CCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE O		NTH DAY YEAR			
(IF EITHER, NOTIFY MEDICAL EXAN	21e PLACE OF INJUR	RY 211 LOCATION	CITY OR 10	OWN COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	RY, OFFICE, FARM, ETC.)	- CHYOKI	COUNTY	SIAIC
	aspital) attended the decease	ed fram 6/9 19	EV 10 611	19 82	that (I (we) last
saw the deceased alive	e an 6/5 d nat) view the bady after dea	19 82. and that in (X) (aur) ap	inian death accurred an the a	late and haur and fram th	e causes stated
22b. SIGNATURE	a nan view me bady after dea	DEGREE		22c. DAJ	E SIGNED
184	Jungers	MIO ATTENDI			5/62
226 PHYSICIAN'S NAME (T		22e ADDRESS /	20 YORK ROAD	TOWSON MD 2.	
AGATON	H. ESCACA	POUTE MY CLA B	+ ROSEPH	ltosp170	7
23a. BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION		
(SPECIFY)	10100	A	CITY OR LOWN	COUNTY	STATE

DHMH - 16:50M 1/81 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

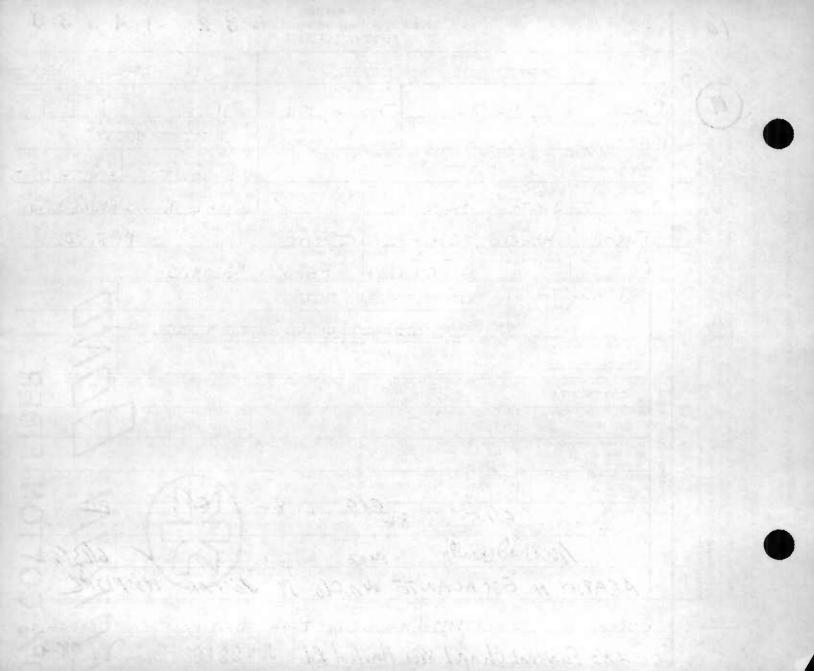
FOR - STATE

FUNEVAL Chapel SSEE

PARK BALTIMORE MARYLAND

1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 5 SIGNATURE

JUN 22 1982 January Lan Northen



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. I	10.	1 3	0 4-
		CEASED NAME OR PRINT)	MABE H D		-	RTHA	SHINNICK		20. DATE OF DEATH	MONTH	12. 82	26 HOUR 2 1 M
	3.5E)	Fema	le	4 RACE		5. DATE C		1	AGE (IN YEARS LAST B	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	C	RTHPLACE (S ATE COUNTY TO DAKE		76. CITIZEN OF	WHAT COUN	MARRIE WIDOWE			BALTIMORE CITY	OR COUNT	GOU!	itij MD
)	T	TY OR TOWN OF D COWSON		Valled	HEACHUTY, GIVE	ing Conv	valescent Ce		26 USUAL OCCUPA (TYPE OF WORK FOR MOST Head Coc	OF WORKING		Children Les. Hom
Ġ	130. 5	Md.	136 COUN	OTHER INSTITUTION TY 2/10.	13c. CITY OR	TOWN VILLE	13d. INSIDECITY LIMI YES NO D		8403	61	en Ro	ad
d	14 FA	August		rnon	Sch		15 MOTHER'S MAIDE Bertha	a	WIDDLE		Copli	.ne
		VAS DECEASED EVE VES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		SECURITY NO. 0.6015A			lle W. Shi		ville,	Md. 2103
100	CERTIFICATION	Conditions, if of gave rise to in cause (a), sta underlying cau PART 2. OTHER SM	mmediate ting the se last. GNIFICANT C	ONDITIONS CO	ONTRIBUTING		NOT RELATED TO THE	TERMIN	IAL DISEASE OR COL	20b. IF YI	ES, WERE FIND	INGS USED
	CERTIF	210. ACCIDENT WAS U	INDERLYING	21b. TIME O			21c. HOW INJURY O	CCURRE	YES NO NO	Y	YES 🗌	NO [
1	MEDICAL (AT WORK AT W	PRED WHILE VORK	P 21e. PLACE (AT HOME, STR	M. OF INJURY IEET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	81	CITY OR 1		COUNTY	STATE
		22a I certify that saw the dece abave, (I) (was 22b SIGNATURE	ased olive on,		- 11	19 97, ar	DEGREE					causes stoted
		MARION	NAME CIVERON		eusli	1 MD	ATTENDI PHYSICI 22e ADDRESS 8604	HA!	REDICAL ST.		6- ALTO. MI	13-82
	- (BURIAL, CREMATION SPECIFY) Cremation	N, REMOVAL	23b. DATE 6/14/	L982		emetery or cremat		23d LOCATION CITY OR JOWN Baltin	nore	COUNTY	Maryland
		JNERAL DIRECTOR Lter Broo	ks Brad	lley Ind	c., Ba	ito., Md	. 21222	JUN	REC'D. BY REGISTRA	251/29 G15	STRAGEIGNA	Mr. Us

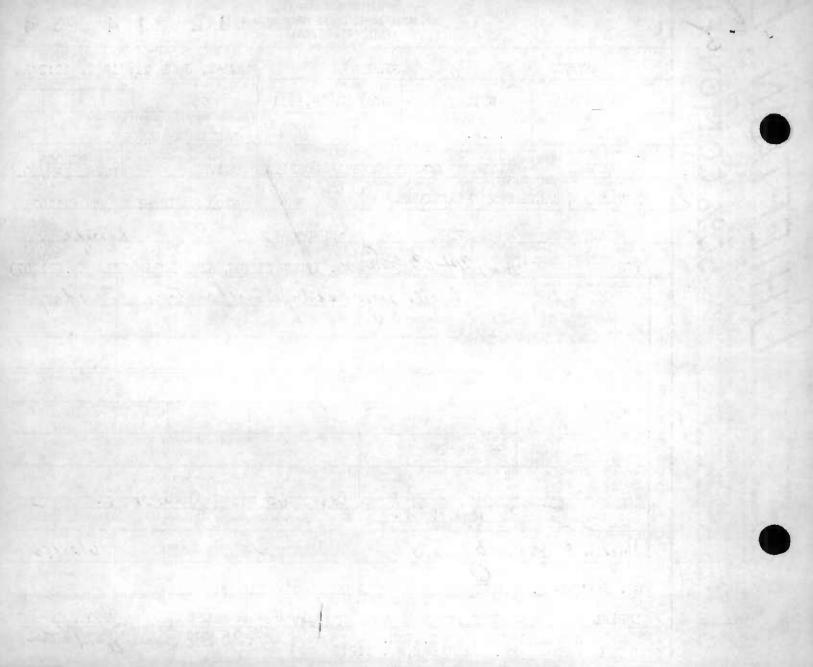
DHMH - 16 50M 1/B1 (VRA 15, 4)

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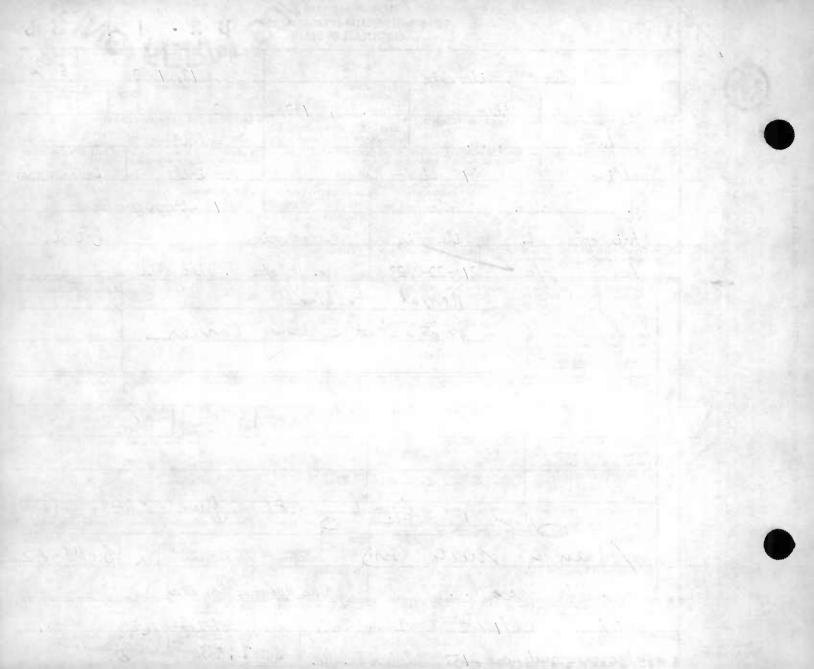
2	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 2	NO.	4 5	3 3
m.5	I. DEC	CEASED NAME FIRST		NDOLE		AST	20 DATE OF DEATH			76 HOUR
be de de		oubalina Dag	SULTA A	М.	Sho	-		ne 30,	1982	M
4 mo	3 SE	Female	4 RACE	ite	5. DATE C		6 AGE IIN YEARS LAST BE		MONTHS DAYS	HOURS MIN
96 20 00 00	7n BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
nerol n 72 h	C	Penna	U.S.		MARRIE	D NEVER MARRIED DIVORCED		more C		MD.
s ofter d		TY OR TOWN OF DEATH Catonsville	ridgeway	Nursin	ADDRESS) g Home	PROTHER INSTITUTION	12a USUAL OCCUPA ITYPE OF WORK FOR MOST HOU		FE) INDUSTRY	BUSINESS OR
filled in ould be found be fou	130 5	AL RESIDENCE (# NURSING HOMES STATE	OR OTHER INSTITUTION, JNTY	GIVE RESIDENCE BEFOR	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		nue (21	211)
mpletely ond 2 sh	14 FA	THER'S NAME FIRST George	M. Coone	LAST		15 MOTHER'S MAIDEN NA FIRST Doubs	ME alina C. So		LAST	
oe execut n and co		VAS DECEASED EVER IN U.S. A LES, NO OR UNKNOWN) IF YES, G	RMED FORCES?	218-52		Helen Shope-	ADDI -1307 Union		ie (2121	1)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physician. Where this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages Lond 2 should be filled that mental Hygiene prior to buriol, cremation, or removal. Orked or them 18 shows any injury, or other traumatic event, the medical confine mastyle and confident and confident in the medical confine mastyle.	z	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEOU	JENCE OF	HYRERT NOT RELATED TO THE TERM	ENSIVE E	ENS A	10	yrs 12 grs
VITAL RECORD N: The fow requivisition. Cote hos been sonsit permit. The Hygiene prior to B shows any inji	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	GS USED OF DEATH?
PHYSICIAN: T ending physici this certificate to buriol-tronsi ad Mentol Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EAIR	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18,	PART 1 OR PART 2)	
DIVISION NDING PHYS It or ottendir R. After this c use as the bu dealth and M dealth and M is marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (JAT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
DR ATTENDIN hospital or IRECTOR: A ched for use of sept, of Heal item 21 is ma		22a.l certify that (1) (this has sow the deceased alive a obove. (1) (we) (did) (did)	JUN	£ 2210	8× .0	nd that in (my) (our) opinion DEGREE	deoth occurred on the		ur and from the c	couses stated
		22d, PHYSICIAN'S NAME (TYPE	ORPRINT)	eun	ran	7 6	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	Ju	
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BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial			NAME OF C Lorrai	me Park Cem	23d LOCATION CITY OR TOWN Baltim	ore, M	county Saryland	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24_F	uneral director A. Alan Seitz	Funeral H	Home 3818	Rola		NL 9 198	R 25b. REO/S	TRAR'S SIGNATI	BEARCON

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE LAST 28 DATE OF DEATH MONTH YEAR 2h HOUR LTYPE OR PRINT 30 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH YEAR HOURS MONTHS DAYS Le BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED COUNTRY) WIDOWED DIVORCED [Januland 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY linden USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Halathorne NO D Linden Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE hristaphen tenhanie anspil 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST 10 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF GGY Canditions, if ony, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO F Mental Hygi 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK +nu 220 I certify that (1) (this hospital) attended the deceased from. saw the deceosed olive on the obove. (1) (we) (did)(did no)) when the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE 224 DATE SIGNED DEGREE MEDICAL ATTENDING STAFF State IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN FUNERA uld be det 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ohns Hopkins Hospital shoul 0 234. LOCATION 23ª BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY emetanii. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M ADDRESS (VRA 15, 4) 1/79



FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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		REGISTRAR				CERTI	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(11PE	PH	YLLIS		J.	SILVER	RNAIL	June 27	7, 1982		123AM
7	3 SE	Х		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		RIYEAR	IF UNDER 24 HRS
27		Female		White		Sept	17, 1921	60	YRS	DAYS	HOURS MIN
1		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D W NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH	1411
100	Pe	nnsylvania		U.S.		WIDOWE	DIVORCED	Baltimore	County		MD.
p		ITY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE		KIND O USTRY	F BUSINESS OR
1		WSON AL RESIDENCE (IF NURS	ING HOME OR			v Court		Homemaker			
1	13a S	ryland	13b COUN		Towsor	TOWN	13d INSIDE CITY LIMITS? YES NO	218 Beech	view Ct.	2120)4
	14 FA	ATHER'S NAME	٨	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		1A5	7
		Raymond	C	• F	uller		Thamar		Matt		
		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	SS	216	
	(1	No	(IF 123, ONE	WAR OR DATES)	130-16	5-5091	Mr. Charles I	E. Silverna	11, same	as	#13e
	NOI	Canditions, if any, gave rise ta imm cause (a), statin underlying cause	, which mediate ng the : last	DUE TO, O (b) DUE TO, OI (c)	R AS A CONSE	EQUENCE OF	CANCER SENCE CAR NOT RELATED TO THE TERM	ecinions a	(30	MATE INTERVAL MOS MOS
7	CERTIFICATION	19a. DATE OF OPERA	TION	19b COND	ITION FOR WH	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES		
1		210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	111	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
	MEDICAL	216. NJURY OCCURRED 216. PLACE OF INJURY [AT HOME. STREET FACTORY, OFFICE FARM, ETC.] AT WORK AT WORK								YINU	STATE
		220. I certify that (I) saw the decease abave, (I) (100) (c	ed alive and	view the body	6/80	. ar		death accurred on the discourse of the d	FF	ram the	that (1) (last causes stated SIGNED 8 2
		22d. PHYSICIAN'S NA					22e ADDRESS				
	1	Thaddeus	s C. S	iwinski	, M.D.		206 W. Peni	nsylvania Av	re.		
		BURIAL, CREMATION,	REMOVAL	23b. DATE	1	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT	TY	STATE
	1	Burial		7-1-8	2	Campton	wn Cemetery	Camptown	Pennsyl	vani	a

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 sho

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FOR

STATE OF MARYLAND

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0 od b	3. SE	X		4 RACE		5 DATE			& AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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tely 2 sh 1 shiner	14. F.A	ATHER'S NAME		AIDDLE	LAS'	And the second	15. MOTHER	S MAIDEN NA	ME	·	110000	
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sign hen j o bu jury.	Z	PART 2. OTHER ST	GNIFICANTC	ONDITIONS	ONTRIBUTING	O DEATH BUT	NOT RELATED	O THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART 118	3
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S 5 € 3 € 1		BURIAL, CREMATIO	N, REMOVAL	236 DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			
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AH - 16 50M 1/B1		INERAL DIRECTOR							E REC'D BY RECISTRA	P 756	IBY CHAN	death
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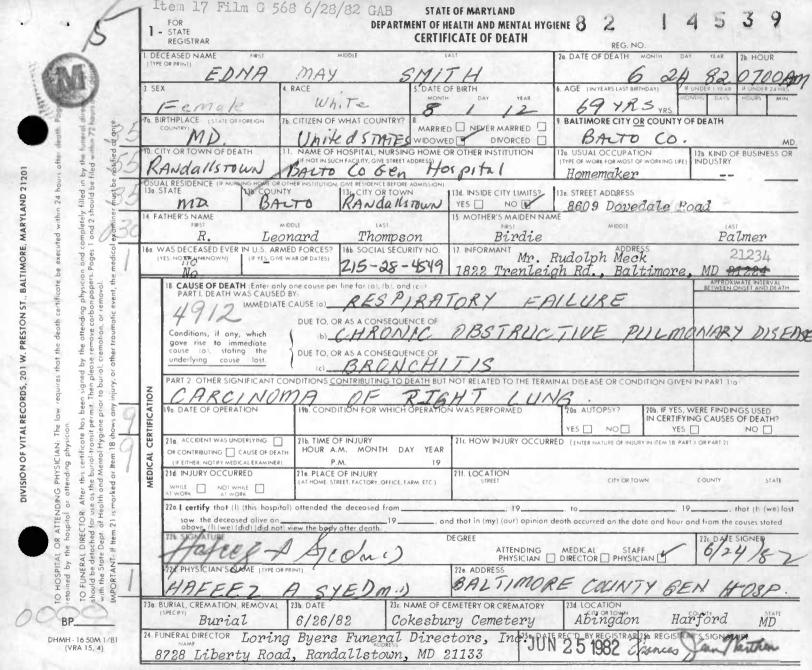
STATE OF MARYLAND

CERTIFICATE OF DEATH

FOR - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

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FOR - STATE

STATE	OF M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		REGISTRAR			TENTE OF D	EATH.	REG. NO.				
		CEASED NAME FIRST	WIDDLE	l.	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
		Philom			ith		6	10 82	1:55 PM		
71	3 SEX	X	4 RACE	5 DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY			
	_	emale	White	MONTH 5	10	1910	72 YRS				
14	7a BII	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D K NEVERA	AARRIED 🗍	9 BALTIMORE CITY OR COUNT				
1	No.	aly	U.S.A.	WIDOWE		ORCED [Baltimore County MD				
9	100	dy or town of death	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 2916 Wells A	ADDRESS)		ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker		O OF BUSINESS OR		
5	13a S Ma	aryland Bal	timore Edgeme:	N	134 INSIDE CI	NO 🔀	130 STREET ADDRESS 2916 Wells A	venue			
2/	14 FA	THER'S NAME FIRST	MIDDLE			MAIDEN NAM	WE	M	LAST		
U	140.30	John VAS DECEASED EVER IN U.S. AR	Papa MED FORCES? 166 SOCIAL SECU	DITY NO	Eug 17. INFORMA	enia	ADDRESSO		glia		
1		YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 220-22-4		James		ADDRESS291 mith Bal	to., 1	ls Avenue MD. 21219		
		PART I. DEATH WAS CAUSE	ily one couse per line for , (b), one		ry A	crust	, dehydrates	P APPR	OXIMATE INTERVAL EN ONSET AND DEATH		
		Conditions, if ony, which	il Aphasia				3	years			
		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	-17				10	years		
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1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTER MATURE OF INJURY IN ITEM 18	PART OR PART 2	2)		
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		sow the deceased alive an	tol) ottended he deceased from	\$ D . ar	nd that in (my)	, 19 (our) opinion d	, to death occurred on the date and ha	, 19 82 our and from t	, that (I) (we) lost he causes stated		
		Jecin W	Eliciano, m		F		MEDICAL STAFF DIRECTOR PHYSICIAN	22c DA	11/82		
		HECTOR L	· FELICIANO	, huy,	120 ADDRES	11	POINT Rd 2	1219			
		SURIAL CREMATION, REMOVAL			EMETERY OR C		23d LOCATION CITY OR TOWN	COUNTY	STAR		
		Burial	6/14/1982 Be	el A	ir Mem	.Gdns	Bel Air Ha	rford	Markelan		
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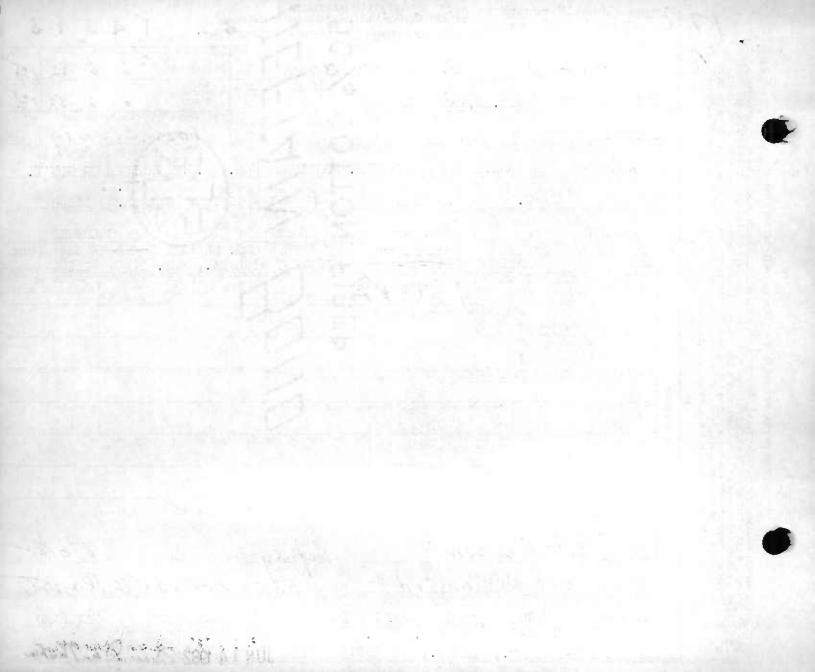
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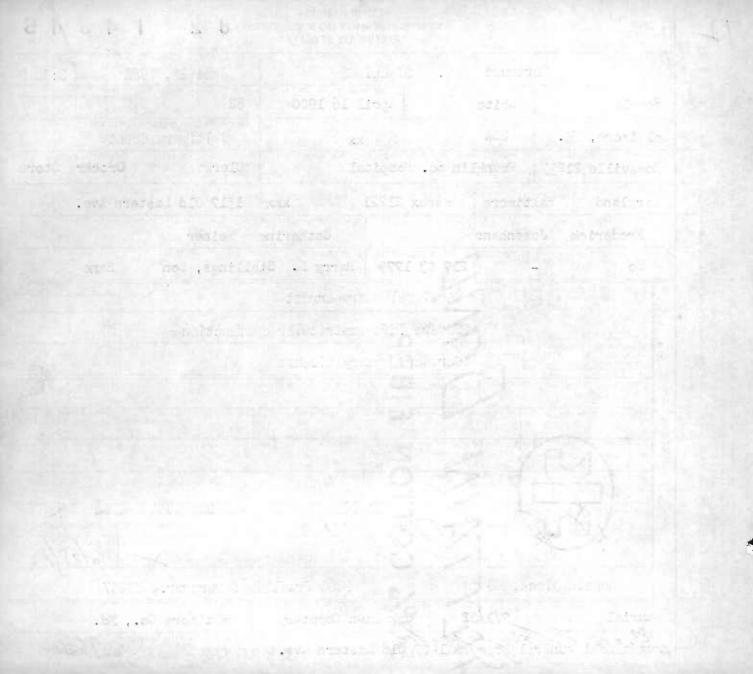
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212	MARKED 1		ARYLAND	BALT	.0.	BALTIMO	Æ	YES NO X	15 TENT	MILL LA		208	
9	- NESSHA	14. F.	ATHER'S NAME		WIDDIE			15 MOTHER'S MAIL	DEN NAME				
2	SEAN SEAN		JOSEPH		SO	ONNEBORN		ROSE		MIDDLE	GOLDB	ERG	
No	84802	16a. \	WAS DECEASED EV	ER IN U.S. ARM	AED FORCES?	ME SOCIAL SEGI	IRITY NO.	17. INFORMANT	MRS. HARF	TEPPRISONE			born
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11	1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 8 2	145	44
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4 moy	3. SE		RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRT		R IF UNDER 24 HRS
900c	Yo B	IRTHPLACE (STATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY?	JUNE 12, 1915	66	YRS	HOURS MIN
de oth.		COUNTRY W. VA.	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	County OF DEATH	MD.
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2 % 2 % X	230 8			NAME OF CEMETERY OR CREMATORY	23d LOCATION	J Tour	(1)) STATE (0)
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12		FOR STATE REGISTRAR		MENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	4 5	4 5
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	3. SE	x emale	4 RACE White	A MONU	DE BIRTH 1 16 AY 1 9 0 CF AR	6. AGE (IN YEARS LAST BIRTHDAY) 82		IF UNDER 24 HAS
35	To B Ba	RITHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	MARRIE		9. BALTIMORE CITY OR COUNT Baltimore C		MD
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or other tri	Á	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR ASCOCINSED			INAL DISEASE OR CONDITION GI		
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ate Dept. of Hea If. If them 21 is or		220.1 certify that At this hosping the deceased alive of above, I was add to be 22b. SIGNATOR	June 28	_/	/ 17			
with the S		Ronald Blo	ck MD		22e ADDRESS	in Square Dr., 2	21237	
	23a E	SURIAL, CREMATION, REMOVAL	23b DATE 7/1/82 23c	NAME OF C	emetery or crematory wn Cemetery	Baltimore Co.	·, °Md.	STATE
50M 1/B1	N.F.	ASSECURECTOR V	al Home PA 1407	Old F	astern Avella	E REC'D. BY REGISTRAR 25b. REGIO	RAR'S SIGNATURE	Then



FOR

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817 Southridge Rd. Wallet Patapsco Avenue Baltimore, Md. 21230 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE . 19 72 . ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 5772 Westview Mall, Baltimore, Md. 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Burial 6/29/82 New Cathedral Cemetery Baltimore Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Witzke P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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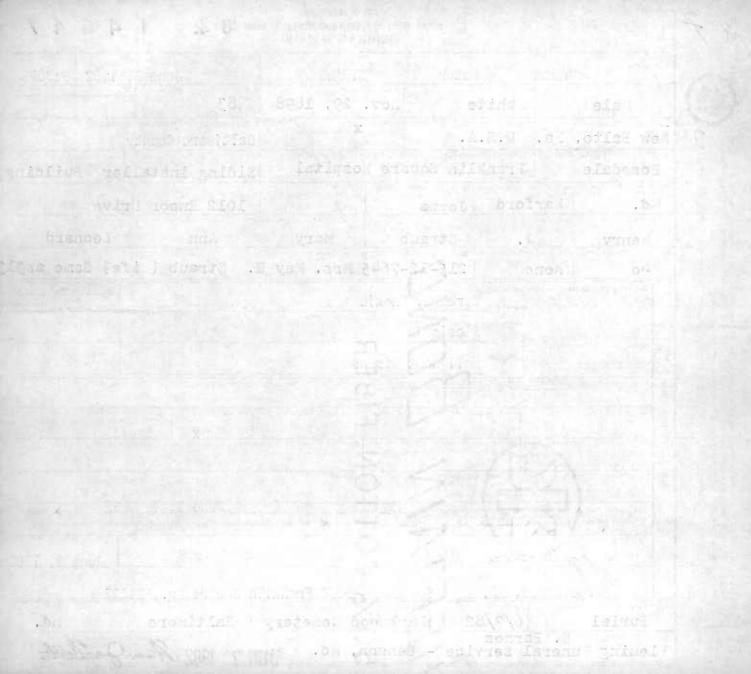
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH



Lassahn Funeral Home, 7401 Belair Rd.

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should be detached far use as the burial-transit permit. Then please remaye c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR

STATE OF MARYLAND

j	FOR STATE REGISTRAR	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	LINDS OR OR	ARRY P	STR	RINGER		6-15-82 YEAR	2b HQUR 13pr			
į.	3 SEX	4 RACE	5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIR					
).	Male	White	F	ebruary 4, 1912	70	YRS. MONTHS, DAYS	HOURS MIN.			
G	70 BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH				
1	New York	U.S.A	\	IDOWED DIVORCED [DATES TANDE	COUNTY	MD.			
3	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, ST. JOSEPH HOSP			ress) CAL	ON 12b. KIND F WORKING LIFE) INDUSTRY ESENTATIVE E	of BUSINESS OR				
5		Baltimore	13t. CITY OR TOWN TOWSON	13d INSIDE CITY LIMITS? YES NOTE:	13 STREET ADDRESS 506 Holder	n Road				
0	Gavin	D WIDDLE	Stringer	15 MOTHER'S MAIDEN P	NAME	McDermo	tt			
	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY		ADDRE					
	Yes	WW 2	093-01-513	Mrs. Marion	G. Stringer	506 Holden	Road			
	Conditions, if any, we gove rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIF 19a DATE OF OPERATIO	diote the DUE TO, O (c) ICANT CONDITIONS C	R AS A CONSEQUENCE	E OF TH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONE	20b. IF YES, WERE FIND	INGS USED			
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	220 I certify that (1) (the sow the deceased above, (1) woulded 22b. SIGNATURE	olive on 6-15	ne deceased from	ond that in (My) (our) opinic DEGREE ATTENDING	MEDICAL STAF	te and hour and from the	tho Kii (we) lost couses stated			
		A. GHILADI, M.D. PHYSICIAN STAME PHYSICIAN DIRECTOR PHYSICIAN 1220 ADDRESS 7620 YORK ROAD TOWSON MI								
	230. BURIAL, CREMATION, RE. (SPECIFY) Burial	MOVAL 23b. DATE 6-18-		E OF CEMETERY OR CREMATOR Laney Valley	23d LOCATION CITY OF TOWN COCKEYSV	ille, COUNTY Mar	STATE.			

Ruck Towson Funeral Home, Inc. Towson, Maryland

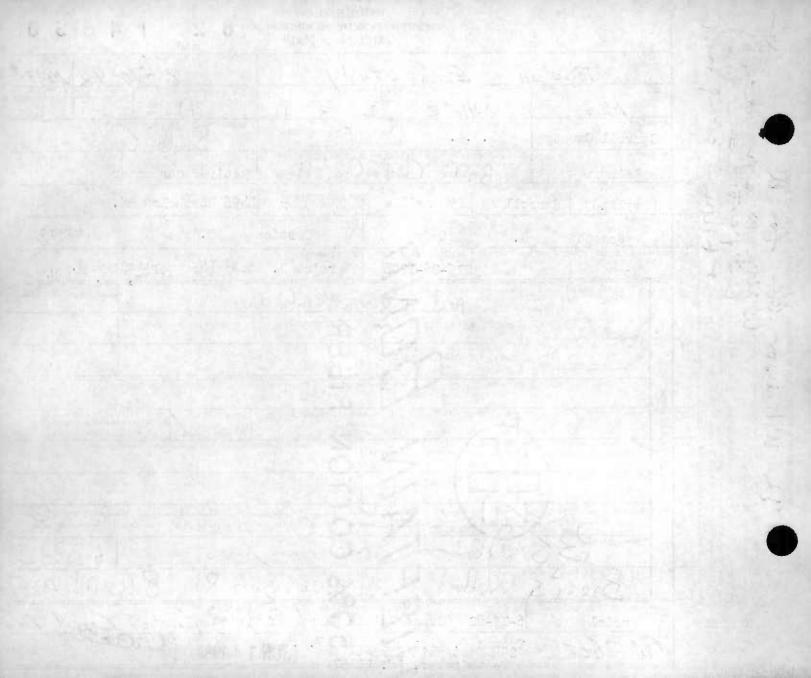
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS osen 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR 9 BALTIMORE-CITY OR COUNTY OF DEATH M. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Carroll County U.S.A. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired car ent Baltimore USUAL RESIDENCE HE NUR ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE DUNTY 13. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS Dar Tholow Rd. Maryland arrol NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE D MIDDLE Estie Hambert Study Joseph **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 5-26-1206 Study Bernice 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY (N)1 < P1 O10 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:01 NO CERTIFICAT 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ua IN CERTIFYING CAUSES OF DEATH? NOR YES | NO F SION OF VITAL Mental Hygie 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 2 , and that in (my) ((aur) ppinian death accurred on the date and haur and fram the couses stated of to 21 saw the deceased alive an. above, (I wanted 22b. SIGNATUME DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF -PHYSICIAN DIRECTOR PHYSICIAN Ste 22d. PHUSIC MAN'S NAME TYPE OR PRINT) d b IMPORT, 3502 shoul 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) United Church of 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 19 DHMH - 16 50M 1/81 (VRA 15, 4)



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		STATE OF MARYLAND					
2	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH					
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3 21	ETYPE GEN	ANN I CAMET	JUNE 13 1982 115PM				
To de de	1. SEX	ANN L. SWIFT	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HES				
(Re)	Female	White Nov. 28, 1924	57 YRS.				
1 特别北	THE BIR STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
1 4	New York	USA WIDOWED DIVORCED					
1 1 1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
5 to 10	Towson	Valley Center Nursing Home	Dancer				
De per	USUAL RESIDENCE OF NURSING HOM	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	In CARETA PERSON				
8 % # B	Maryland	OUNTY 136 CITY OR TOWN 136. INSIDE CITY LIMITS? Baltimore YES 🔀 NO 🗆	13e STREET ADDRESS 1 W. Franklin Street				
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1 11 400	Delfo	Cornetta Evange	MIDDLE LAST				
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0 1 1 1 1	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	Three				
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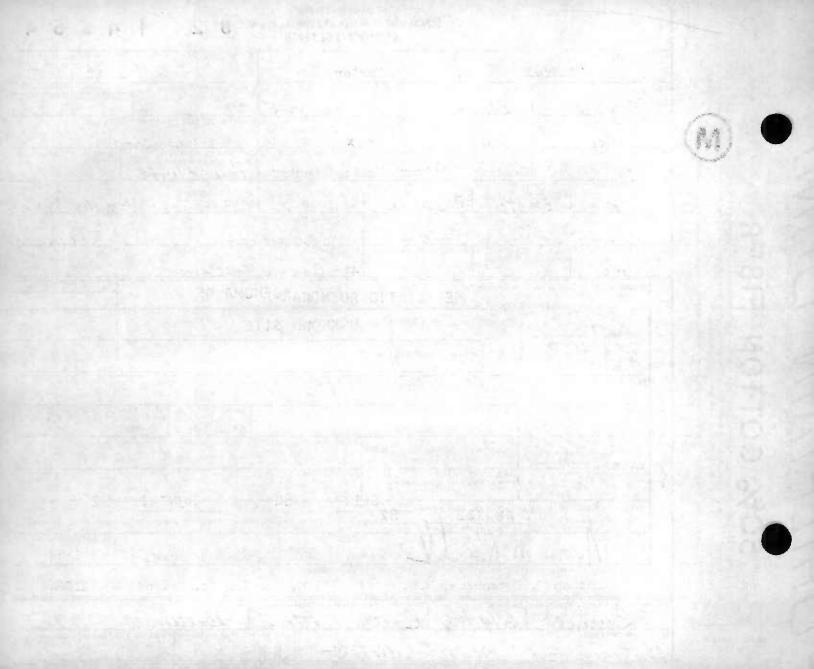
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR . DECEASED NAME KNOWN XX WONTH (TYPE OR PRINT) 6-23-82 CATHERINE THOMAS Edna DEATH MATED 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH AGE (IN YEARS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Female 1944 DEAD White & BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TONEVER MARRIED FOREIGN COUNTRY! Baltimore County WIDOWED [DIVORCED [Balto. Md. 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY
Micro-TelCore woods behind 8003 Babikow Clerk/typist Fullerton Rosedale, Md. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 130 STREET ADDRESS Rosedale 8003 Babikow Rd. 21237 Md. NO DO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Jasper John Barbara Schwartz DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRES 8003 Babikow Rd. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-40-3644 Mr. W. Edward Thomas, Rosedale, Md. 21237 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 BUADPSONL DEPARTMENT OF PRIOR TO BURI YESXX 210 EXTERNAL CAUSE WAS 216 FIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOPPOM MONTH DAY YEAR UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH MEDICAL 6-23-820 self/inflicted 210 PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THE CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEXTO DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE ALTIMORE, MARYTAND, 21201P WOODS behind 8003 Babikow Full lerton, Maryland WHILE AT WORK 220 I certify that I took charge of the remains described above, helpho. O. Autopsy and in my opinion Suicide XX. Undetermined manner TITLE (SPECIFY) DATE 6-24-82 ACTUAL Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE Bel Air Mem. Gardens 6-26-1982 Burial Belair Harford BP JUN 2 8 1982 REGISTRAR REGIST A S.SK 24 FUNERAL DIRECTOR **DHMH - 17** E.F. Lassahn, 11750 BelairRd. Kingsville, Md. 21087 (VR A15 ME (5)) 20M 4/82

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/		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	4558
		ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MON	TH DAY YEAR 76. HOUR
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	10. C	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR	RK 12b. KIND OF BUSINESS OR INDUSTRY
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IER: TV ATE, V FORW DR: PA HE STA D, 212		22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my	
EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: DIRECTOR: ARYLAND, 2			apinion
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CA THE SHC SHC EATI	1	SIGNATURE M.D. THE MEDICAL EXAMINER SIGN	NED
MEDICA CUTE TO SE 4 SP SE A SP ER DEA		EXAMINER'S NAME Thomas F. Herbert MD ADDRESS FILIGATY Coty Me	2/843
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BALLMORE, MARYLAND, 21	23a B	(TYPE OR PRINT) ADDRESS 1 236, LOCATION 1236, LOCATION 236, LOCATION	
- 0000	7	13 LOCATION CONTROL OF	OUNTY STATE
7000	24. F	NERAL DIRECTOR 259, DATE REC'D, BY REGISTRAR 256, REGISTRARE	NO NATIONAL
DHMH - 17 (VR A15 ME (5))	1	NAME AND ALL ADDRESS II MY PI TO ALTING BARON TO COME	You fairly
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE LAST 20 DATE OF DEATH 26 HOUR ELIZABETH THOMAS 1982 June 14. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White July 19, 1919 62 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore County, WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 26 Bideford Court Clerk Salvage SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Baltimore 21234 26 Bideford Court 15. MOTHER'S MAIDEN NAME MIDDLE Webster Jenkins Augusta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17-05-6007 John W. Thomas 26 Bideford Court21234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic EAVED TES PITETOTU IMMEDIATE CAUSE (0 METASTETIC Breast CareINOMR DUE TO, OR AS A CONSEQUENCE OF 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) P.M 19 211 LOCATION STREET CITY OF TOWN COUNTY

JUN 15

couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from JUNE 1982 sow the deceased alive on March 1) obove, (1) (we) (did) (did not view the body after death , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATU ATTENDING . MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS S. ETTING DAVID M.D

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

REGISTRAR DECEASED NAME

Female

Maryland

21234

Maryland

14. FATHER'S NAME

No

13a STATE

10 CITY OR TOWN OF DEATH

Walter

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate

230 BURIAL CREMATION, REMOVAL

Burial

YES NO OR UNKNOWN

BIRTHPLACE (STATE OF FOREIGN

FIRST

MARY

13b COUNTY

MIDDLE

- STATE

TYPE OR PRINT

3. SEX

William E. Johnson 8521 Loch Raven Blvd.

June17. 82

23b. DATE

Pylesville. Maryland St. Mary sChurch

C C P L S S C Indiana was made unite RETAIL TO STATE OF THE SAME OF THE STATE OF was to the second secon ---- Filter and Administration of the Action of the cardio reconstruction acrest METASTETIC Breast Granons 15 PLEANT PT 18 Trainal Donald & Broad 2000 DANTO S. ELLINGER HOS BOY THAT HOREIN GREET BAND S GINAG building , officents and are the second to t

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 25 HOUR Craia Thompson, Sr. June 26. 1982 7:40P 6 AGE LIN YEARS LAST BIRTHOAYS IF UNDER 1 YEAR Male White December 20, 1904 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Alabama Baltimore County DIVORCED WIDOWED & CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! **INDUSTRY** Randallstown Convalescent Center Sales Manager RandallstownArmour Co. JOUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 134 INSIDE CITY LIMITS? Maryland Villa Nova Baltimore 4021 Villa Nova Rd. Note 21207 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Luke Thompson Elizabeth Leek 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Baltimore, Maddress 21207 Mrs Velma Thompson 4021 Villa Nova Rd. No 140-05-3292A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTO NO F 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT MAKE:

22s.1 certify that (I) (the basetal) attended the deceased from saw the deceased alive on_ at in (my) (each opinion death accurred an the date and haur and Iram the causes stated 229. SHGMARURI 22c DATE SIGNED ATTENDING MEDICAL STATI

22e ADDRESS

Burial 24 FUNERAL DIRECTOR 8728 Liberty Rd. DHMH - 16 50M 1/81 (VRA 15, 4) Loring Byers Funeral Directors, Inc. 21133

(SPECIFY)

724. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL 236 DATE

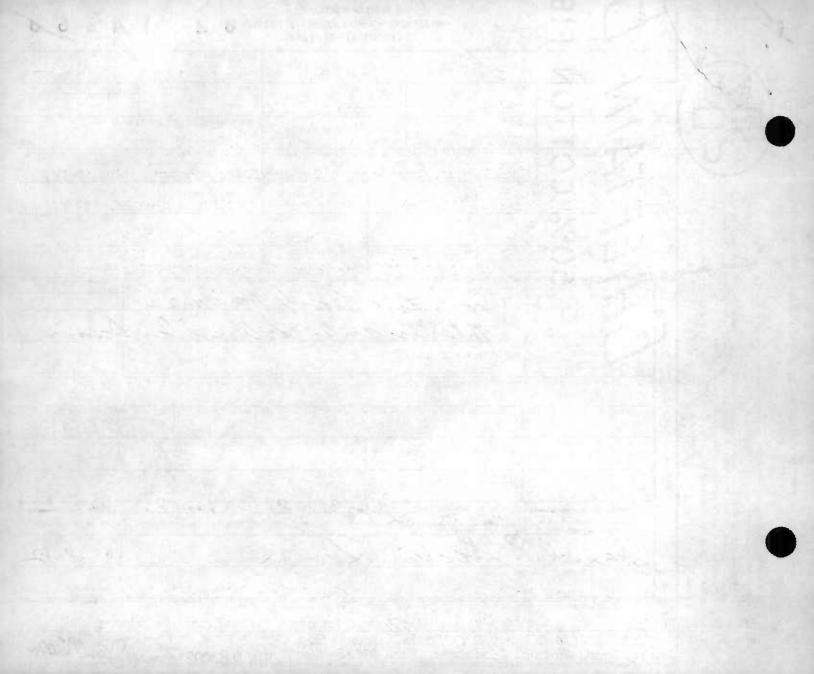
Dr. Samuel Scalia

236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Woodlawn Woodlawn Cemetery Baltimore

Pikesville, Md.

Randallstown, Md.

2 Church Lane



Fleming Funeral Service

- STATE

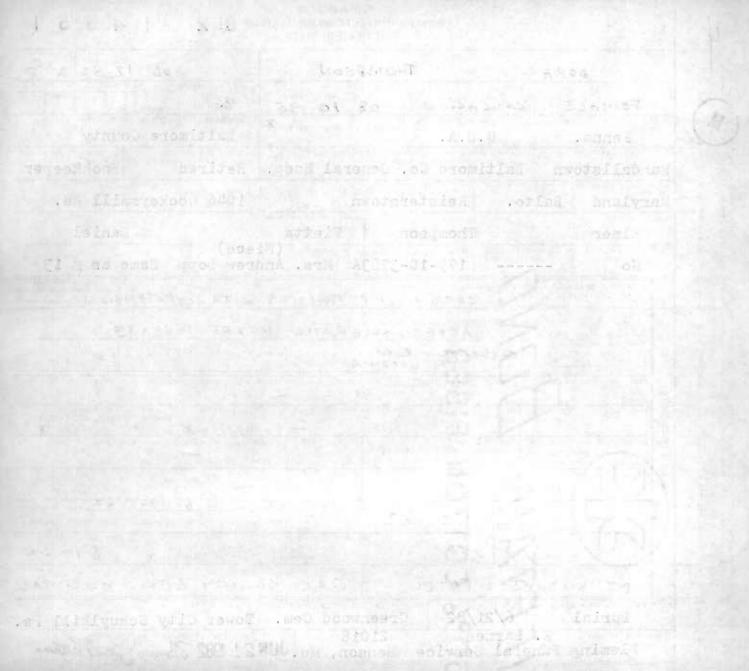
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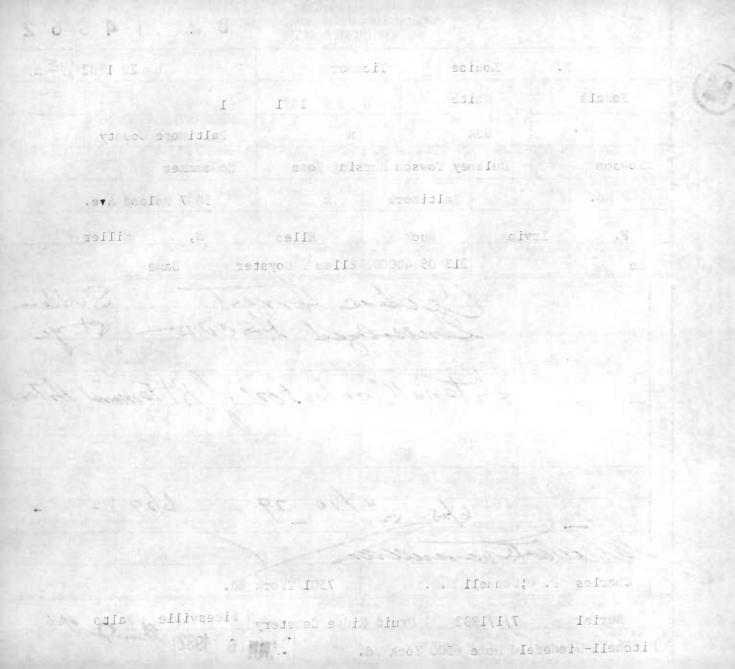
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

CERTIFICATE OF DEATH

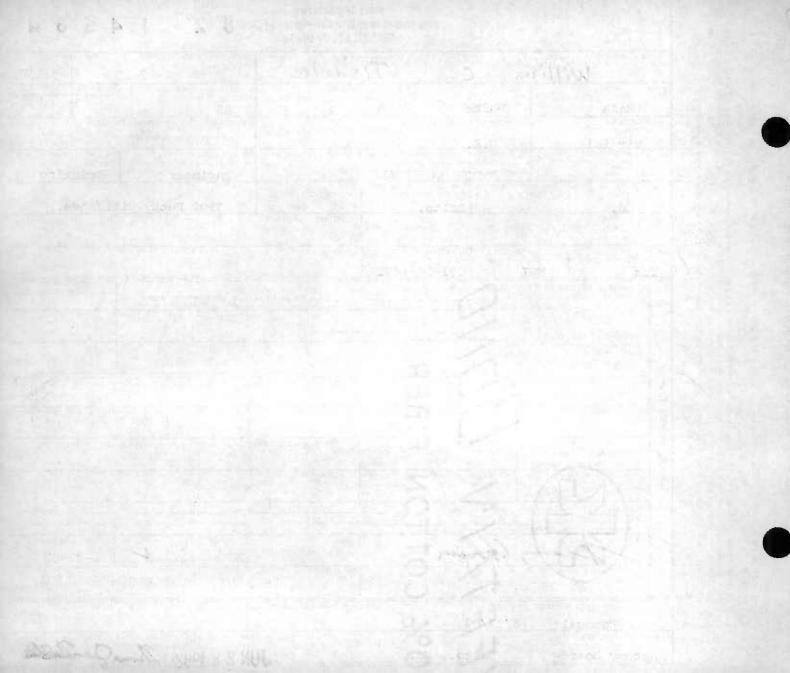
Benson, Md. JUN 21





STATE OF MARYLAND

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A. Alan Seitz Funeral Home 3818 Roland

FOR

REGISTRAR

- STATE

REG. NO MONTH 76 HOUR 30 18 06 IF UNDER I YEAR 176 KIND OF BUSINESS OR INDUSTRY Ave. 21211 Goodwin APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

COUNTY STATE

220 DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

2120

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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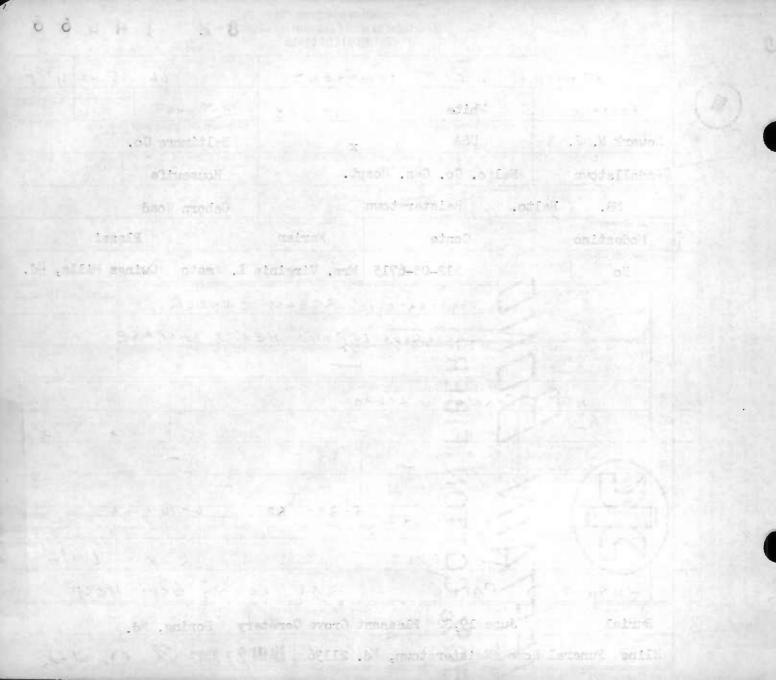
STATE OF MARYLAND 4 5 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

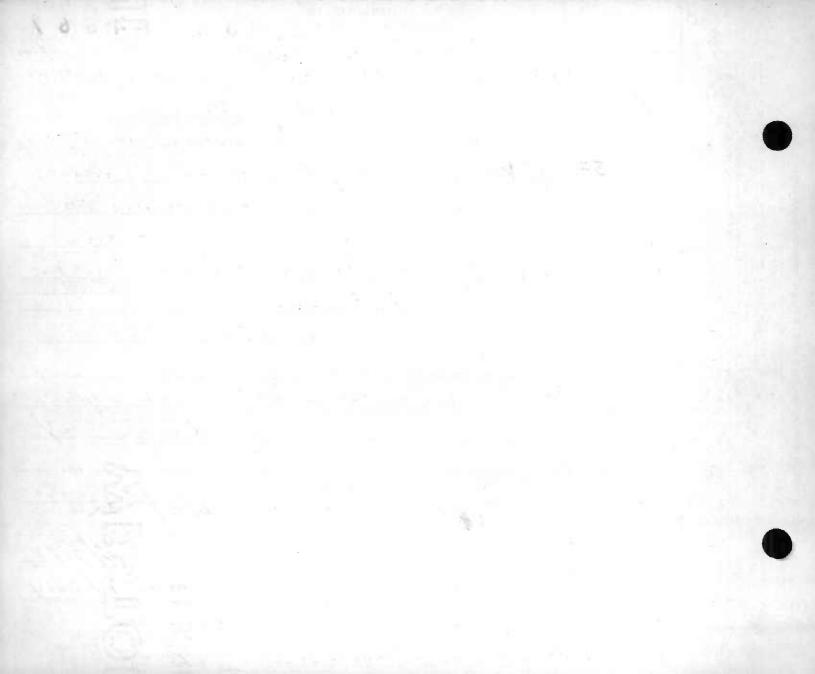
I	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	5.	10.70	
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1	3 SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		II UNDER I YEAR	IF UNDER 24 HRS
L	FEMALE	Wh	ite	9	17 98	83 yr	YRS.		HOURS MIN.
	Newark N. J.	200	SA	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City o			MD.
Ш	N CITY OR TOWN OF DEATH Randallstown	11. NAME OF H	OSPITAL, NURSING CO. Gen	HOS	pt.	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housew:	ON WORKING LIFE	126. KIND O INDUSTRY	OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OR 138. STATE Md. 138. COUN Bal		Reister:		13d INSIDE CITY LIMITS?	13e STREET ADDRESS Osborn	Road		
	Modestino	MIDDLE	Conte		15. MOTHER'S MAIDEN NAM	ME	BI	lazzi LAS	1
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	212-05-0		Mrs. Virgini	a L. Amato		rgs Mil	ls, ^M d.
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1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN	NGS USED OF DEATH?
1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	OF INJURY ET, FACTORY, OFFICE FA	RM_ETC }	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	220.1 certify that (I) (this haspit sow the deceased alive an above, (I) (we) (did) (did na	tol) attended the	deceased from 16 19 19		od that in (my) (our) apinion of	, to		and from the	
	22b. SIGNATURE	16	19 Pain		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🔯	6/1.	6/82
	54DKIR, D). P4	TEL		BAL C	ounty 6	en,	Hosp	5 ,
	Burial, CREMATION, REMOVAL	June 1			emetery or crematory t Grove Cemet	ery Borin	g; Md.	COUNTY	STATE
1	24 FUNERAL DIRECTOR Eline Funeral H	ome Rei		444	250 DATE	RECD. BY REGISTRAR	SA REGISTA	AR'S SIGNATI	URE

Funeral Home Reisterstown, Md. 21136

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.





STATE OF MARYLAND

1 - STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 4 5 6

CERTIFICATE OF DEATH

REG. NO.

REGISTRAR		CERTIFICATE OF DEA	REG. NO.	
DECEASED NAME FIRST	WICIOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
LEWIS	J TR	EADWELL	JUNE 16, 19	8: 12 4
SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOLY)	IF UNDER I YEAR IF UNDER 24 HRS.
Male	White		905 76 YRS	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MAR	RIED 9 BALTIMORE CITY OR COUNT	Y OF DEATH
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Md. Car	roll Ison Give Residence 88	tead 13d. INSIDE CITY I	1704 Marsue Dr	ive
Joseph	E. Treadwe	Rosali	e E. S	pilker
(YES, NO UNKNOWN)	EMED FORCES? 166. SOCIAL S 214-01		elma Walker 1704 Mar	sueDrive,
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line to (A. Pe	DTAC ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA		TO DEATH BUT NOT RELATED TO	INCERT	VEN IN PART TO S, WERE FINDINGS USED FYING CAUSES OF DEATH?
8(0)(0)				ES NO
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	19 211 LOCATION	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18.	CQUNIY STATE
220 I certify that (H)(this haspi	tall attended the decreed for	JUNE 10	• 82 10 JUNE 16	19_82_that (X (we) la
saw the deceased alive an	JUNE 16) apinian death accurred an the date and har	
abave, (() (we) (did) (Micking) 22b. SIGNATURE	() view the bady after death.	DEGREE	, and the different control of the c	22c. DATE SIGNED
M. Ba	A STATE OF THE PARTY OF THE PAR	ATTE	NDING MEDICAL STAFF	M. DATE SIGNED
22d. PHYSICIAN'S NAME BYPE O	FKEER.	22e ADDRESS	Foreph Hospita	& Towson, 1
BO BURIAL, CREMATION, REMOVAL ISPECIFY Burial	June 19,1982	Queens Point Cen	metery Keyser M	ineral W.Va.
Travel W.	Mckenio	s Keyser, W. Va.	250 DATE REC'D. BY REGISTRAR 200 LGIS	FOR STREET

DHMH - 16 50M 1/81 (VRA 15, 4)

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IAPORTANT; If Item 21 is marked or Item 18 spens any injury, or other tran

TO FUNETAL DIRECTOR: After this certificate has been signal should be detached for use as the busind-transit permit. Them with the state Dept. of Health and Mental Hygners process.

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	STATE OF MARYLAND			
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	2	1	4
REGISTRAR	CERTIFICATE OF DEATH	REG NO		

		FOR STATE REGISTRAR			DEPARTA	NENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	-	4 5	7 0
		CEASED NAME E OR PRINT)	JOHN	EDMO	ND VANB	BBER	JR	JUNE 7,	1982	AY YEAR	26 HOUR 9:00 P
1	3. SE	Male		RACE Whit	е	5 DATE O	19, 1931	6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
33		IRTHPLACE (STATE OR F COUNTRY) Maryland		U	S.A.	WIDOWE		BALTIMORE CITY O	RE COU	JNTY	MD.
58	TO	OWSON		ST.	JOSEPH"I	HÖSPI	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NONE			OF BUSINESS OR
85	130 3	AL RESIDENCE (IF NURSI STATE Md.	136 COUNT	Υ	Owings M	N		13. STREET ADDRESS 12203 Par	k Heig	hts Av	e.
30	14. FA	John	Edm	ond	VanBibbe	er,Sr	15 MOTHER'S MAIDEN NAM	Maria		Denton	.1
medico		NAS DECEASED EVER YES NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	217-74-44		Helen M. Van	l220 Bibber Owin	3 ⁵ Park gs Mill	Height	ts Ave.,
ar other troumotic event,		18 CAUSE OF DEATH PART I. DEATH W 3 4 5 3 Conditions, if ony, gove rise to imm cause to imm cau	which nediate g the	DUE TO, C	RESPIRATION AS A CONSEQUE STATUS I	NCE OF				BETWEEN	MATÉ HITÉRVAL PASÉT AND DÉATH
Sans only injury.	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
9		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH			Y YEAR	21c. HOW INJURY OCCURR				
O'KEG CI	MEDICAL	21d INJURY OCCURR WHILE NOT WHILE AT WORK AT WOR	ILE 🗍		OF INJURY REET, FACTORY OFFICE, FA		211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
F REM 2 I IS UR		220. I certify that the saw the decease obsert (we) (d					d that in XX (our) opinion of DEGREE ATTENDING PHYSICIAN	death occurred on the d	FF /	and from the	
MPOKIANI 1		224. PHYSICIAN'S NA ARNOLD			الوالد عروا		7620 YORK	OLDERIN IN	JAN (
- 31		BURIAL CREMATION, F SPECIFY) BUrial INFRA DIRECTOR	REMOVAL	1		11 Sa	ints Cemetery	23d LOCATION CITY OF TOWN Reisters REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	Md.

DHMH - 16 50M 1/ (VRA 15, 4)

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2 051			James				U	3 1982	M
		2 6	61 2	T BIRTHDAY) MON		MIN. PRONOUNCED DEAD	6	3 1982	24 HOUR 9:35P
7a BI	RTHPLACE (STATE OR REIGN COUNTRY)			8. MARI	RIED NEVER MAR	RRIED 9. BALTIMORE	CITY OR COUN	NTY OF DEATH	J. 5
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USUA	L RESIDENCE (IF IN NURS HE TATE	OR OTHER INSTITUTION, G	13c. CITY OR TO	OWN		13e. STREET ADDRESS			
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16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? /E WAR OR DATES)	16b. SOCIAL SE		17. INFORMANT	AC			
	18 CAUSE OF DEATH (Enter of	only one cause per line						APPROXIMA	TE INTERVAL
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	couse (a) stating the <u>unde</u> lying couse last.	DUE TO, OR	AS A CONSEQU	ENCE OF					
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NO	PART 2 OTNER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a),			
CATI	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	VAS PERFORMED?			20 AUTOPS	17
TIF				10.059				YES X	NO 🗆
				YEAR 21c H	IOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P	'ART 2)	
ICAI	CONTRIBUTING CAUSE OF	F DEATH ? P.N	6 3	19 82	Subject	shot			
MED		STREET, FAC	TORY FARM ETC.)		DCATION STREET		CC	OUNTY	STATE
	AT WORK AT WORK	□ fi	eld		Diet Rd.	Reister	stown, 6	Balto.,	Md.
	22a I certify that I took cho	rge of the remoins des	scribed obove, hel	d on Auto	psy X, Inspect	ion , Inquiry	and in my o	pinion	
	death resulted from:	ural couses ,	Accident .	Suicide	, Hamicide XX	Undetermined manner			
	101	0 4	1		TITLE (SPECIFY)		MAGE		
	SIGNATURE /	word /4	aux -	^			DATE	ED 6/4/	82
	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D.	Smith, M	.D.	ADDRESS	Penn St.	Balto	., MD.	173
23a.Bl	DRIAL, CREMATION, REMOVAL Burial	236 DATE 6-9-82				23d LOCATION CITY OF JOWN Canton	Star	ck Oh	io
		ADDRESS				10	REGISTRAR'S	SIGNATURE	
148	arzullo Funera]	Service	He1ste:	rstown,	Ma. JUI	V 8 1982 4	ance Cha	mellastky	
	1. DE: (TYP) 3. SE2: M: 7a BI FO 10 CI R(V) 114 FA 123a S 14 FA 16a. (Y)	3. SEX Male 4. RACE White 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio 10. CITY OR TOWN OF DEATH Reisterstown USUAL RESIDENCE (IF IN NURSHOOD IN ORDER OR IN OR IN ORDER OR IN ORDE	To December 1. Dec	TATE REGISTRAR I. DECEASED NAME REGISTRAR I. DECEASED NAME REGISTRAR I. DECEASED NAME REGISTRAR II. DECEASED NAME REGISTRAR III. DECEASED NAME REGISTRAR III. DECEASED NAME REGISTRAR III. DECEASED NAME REGISTRAR III. DECEASED REGISTRA REGISTRAR III. DECEASED REGISTRA REGISTRAR III. DECEASED FROM DECEASED REGISTRATE REGISTRAR III. DECEASED FROM DECEASED REGISTRATE REGISTRAR III. NAME OF HOSPITAL, NURSING REGISTRAL, NURSING REGISTRAR III. NAME OF HOSPITAL, NURSING REGISTRAL, NURSING REGISTRAR III. NAME OF HOSPITAL, NURSING REGISTRAR III. NAME OF HOSPITAL, NURSING REGISTRAR REGISTRAT REGISTRATE REGISTRAT REGISTRATE REGISTRAT REGISTRATE REGISTRAT REGISTRATE REGISTRAT REGISTRAT REGISTRAT REGISTRAT REGISTRAT REGISTRATE REGISTRAT REGISTRAT REGISTRATE RE	DEPARTMENT OF HEALT REGISTRAR I. DECEASED NAME (TYPE OR PRINT) Edward S. DATE OF BIRTH ANDEL MODIE SEX Male 4. RACE White 2. 6. 6.1 21 YRS. 76. CITIZEN OF WHAT COUNTRY? 1. MAR ON10 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OT (IF NOT IN SUCH PACILITY, ONE STREET ADDRESS) Reisterstown USUAL RESIDENCE (IF IN NURSING HIGHER INSTITUTION, ONE RESIDENCE BEFORE ADMISSION) 130. STATE Ohn0 14. FATHER'S NAME FROST FROST NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: (YES, NO, OR UNINNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: YEAR 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 2 OTHER SIGNIFICANT CONDITIONS (ON TELATED TO THE TERMINAL DISEA 19. DATE OF OPERATION 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 2 OTHER SIGNIFICANT CONDITIONS (ONTERDUING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 19. DATE OF OPERATION 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 2 OTHER SIGNIFICANT CONDITIONS (ONTERDUING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 19. DATE OF OPERATION 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 2 OTHER SIGNIFICANT CONDITIONS (ONTERDUING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 19. DATE OF OPERATION 19. CONTRIBUTING ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 21. EXTERNAL CAUSE WAS 19. DATE OF OPERATION 19. CONTRIBUTING ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 21. EXTERNAL CAUSE WAS 19. DATE OF OPERATION 19. CONTRIBUTING ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 21. EXTERNAL CAUSE WAS 19. CAUSE OF DEATH (ENTER ON THE CONTRIBUTION TO THE TERMINAL DISEA 21. EXTERNAL CAUSE WAS 21. EXTERN	SIATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REDICAL EXAMINER'S FUNDER OF THE REDICAL EXAMINER OF THE REDICAL EX	DEPARTMENT OF HEALTH AND MENTAL HYGINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S LAB ASSET DATE REGISTRAR REGISTRAN REGISTRAR REGI	PERMATMENT OF HEALTH AND MENTAL HYGIENE PROSTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR PROSTRAR

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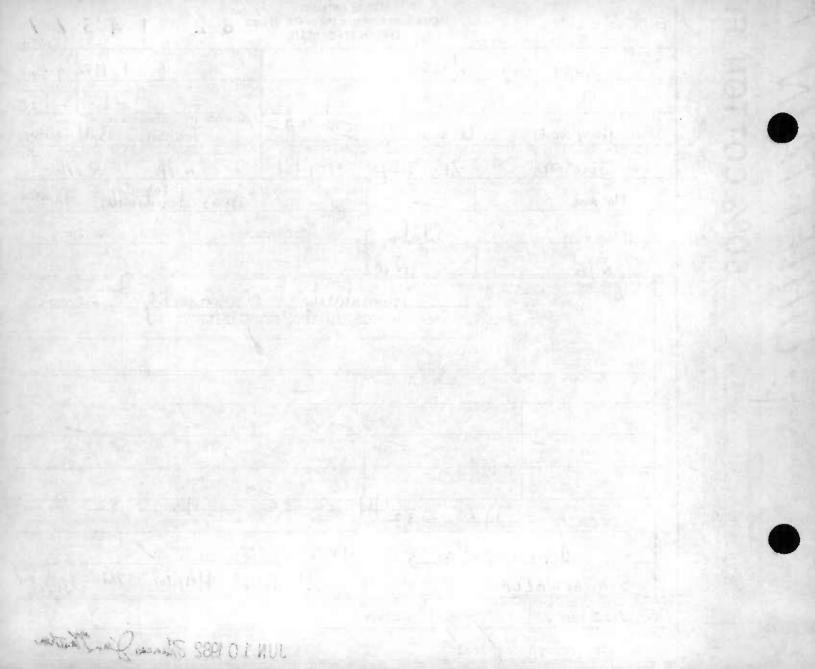
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DEPARTMENT OF HEALTH AND MENTAL HYGINE 2 SERVIFICATE OF DEATH THE CONTROL OF THE STATE OF THE	1				STATE OF MARYLAND		
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1. DECEASED NAME 1831 1845 18			DECISTRAD	Y WALSH	CERTIFICATE OF DEATH	REG. NO.	6-1-82
3 SEX A RACE			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	
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THE FATHER'S NAME	20			St. J	oseph Hospital	1 . C . M	1 0
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186 WAS DECEASED EVER INUS. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	201	4 FA		DDIE LAST.	15. MOTHER'S MAIDEN NA		
18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c) PART I DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse lost one of the underlying couse of part of the underlying couse of the underlyin	00		Brendan	Wa	Cather	rine	Taylor
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

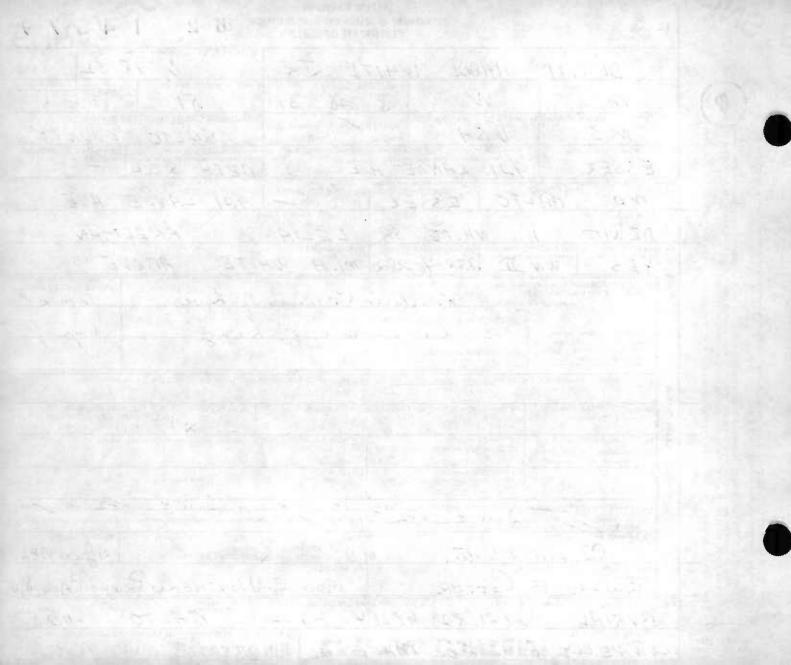
CERTIFICATE OF DEATH

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O FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by ti hauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 shauld be filed

should be detached for use as the burial-transit permit. Then please remove corbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

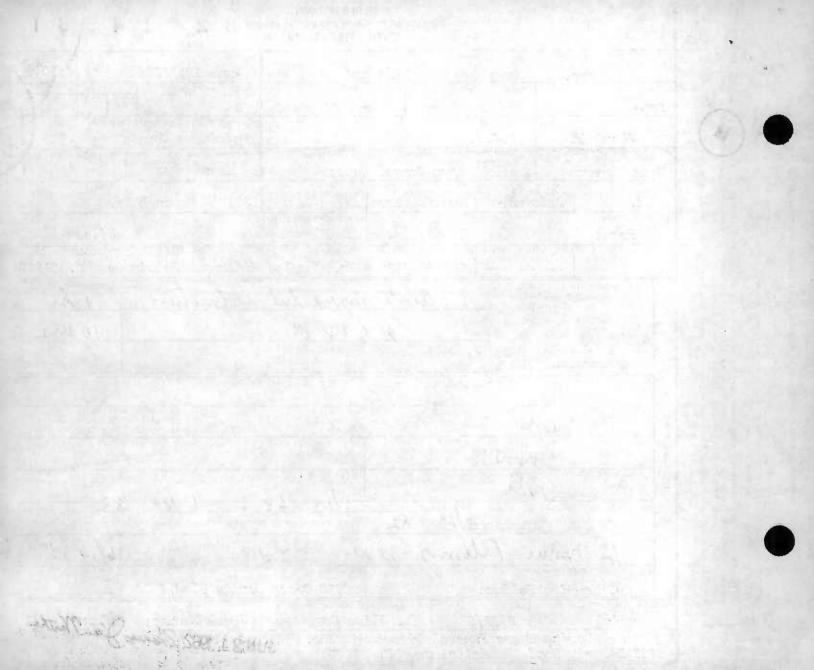
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

				REG. NO.	
1110	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Mrs.	Mary	Widerman	June 19, 1982	6:10 an
3. SE	EX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	'emale	White	Oct. 28, 1908	73 YRS.	MONTHS DAYS HOURS MIN.
7a B	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Virginia	U.S.A.	WIDOWED DIVORCED	Baltimore Count	ty MC
R_0	andallstown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Randallstown Co	ing home or other institution et address) onve. Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOME Maker	12b. KIND OF BUSINESS OR INDUSTRY
130.		or other institution, give residence before the control of the con	RE ADMISSION) WN 13d INSIDE CITY LIMITS? Stown YES NO A	130 STREET APPRESS 3817 McDonough	Rd.
14 F/	ATHER'S NAME Frank	Rogers	15. MOTHER'S MAIDEN NA $Id^{\sf FIRST}$	WE	Wilson
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C)	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 218-40-		ADDR 8424 M Widerman Baltin	Merrymount Dr. More, Md. 21207
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	Canditians, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENT OF THE TO, OR AS A CONSEQUENT OF THE TO, OR AS A CONSEQUENT OF THE TORSE OF THE TO	# SUV		1042
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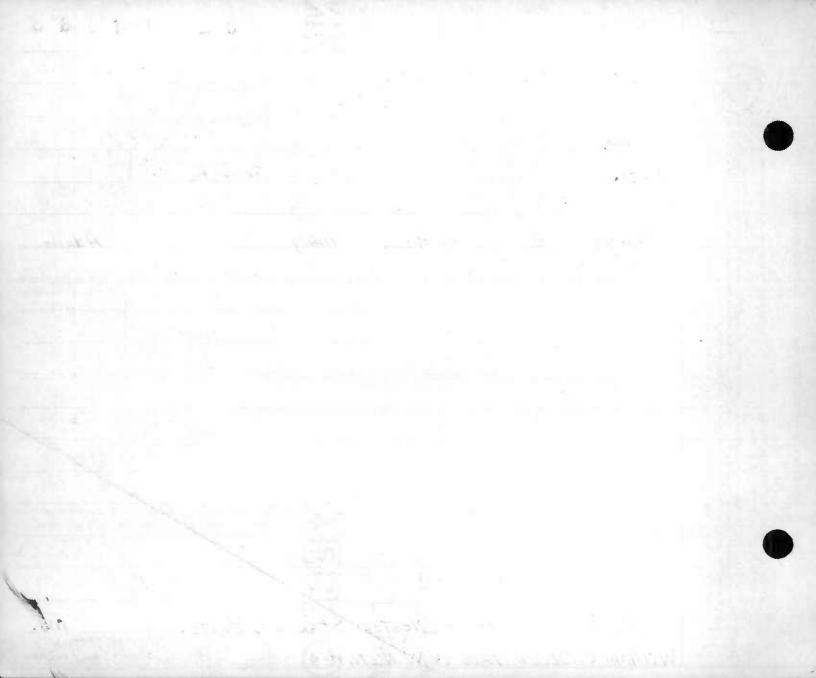


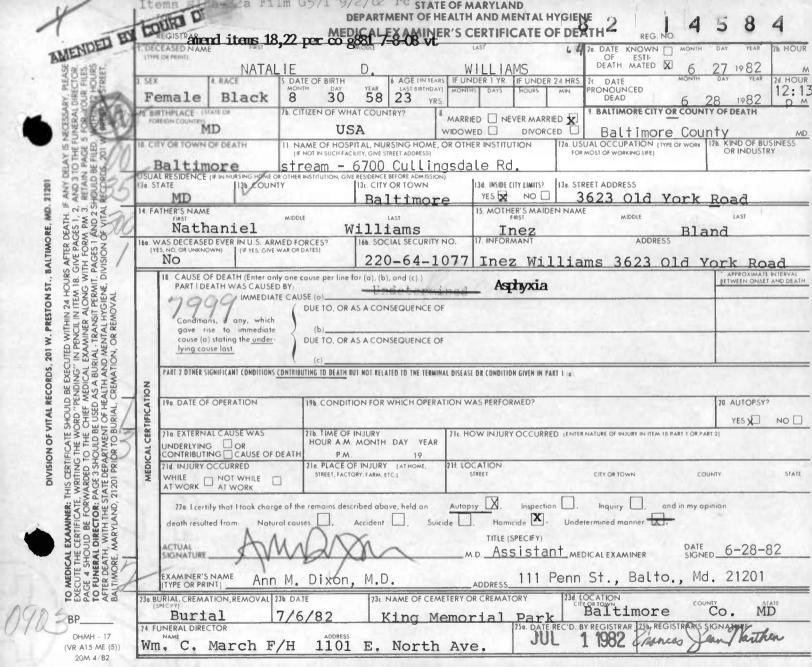
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND





Mitchell-Wiedefeld Home-6500 York Rd. 21212

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STATE OF MARYLAND

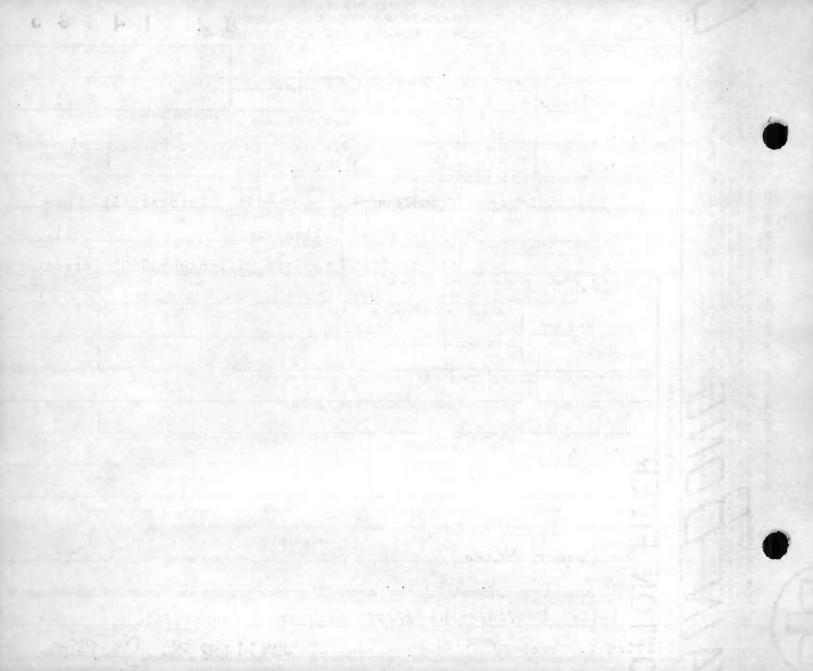
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DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG NO DECEASED NAME KNOWN X 20 DATE MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED John Willoughby 6 8 1982 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS MONTH SEX DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 1:11 182 male black 1938 DEAD à. M 43 YRS Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA N.C. WIDOWED [DIVORCED Baltimore County INCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS SHOULD BE FILED. OR INDUSTRY Baltimore County Gen'l. Hosp. Randallstown AL RECOPEDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3609 Forrest Hill Md Woodlawn YES NO G Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 II. PAGES 1 AND 2 DIVISION OF WITA N MIDDLE MIDDLE LAST FIRST Willoughby Elizabeth Nelson Teal 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-38-7743 Yes Loretta Willoughby 3609 Forrest 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hypertensive Arteriosclerotic Cardiovascular Conditions, if ony, which Disease gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEALN BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 10 CERTIFICATION FORWARDED TO THE CHIEF NOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEANND, 21201 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TE PLACE OF INJURY LATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE L DIRECTOR: P 4. WITH THE ST MARYLAND, 2 Autopsy 228 I certify that I took charge of the remains described above, held an death resulted from: Natural couses XX Accident Homicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOULD TO FUNERAL DAFTER DEATH, N DATE 6-8-82 MnAssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME III Penn Street Virginia L. Dolan. M.D. 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Veteran Cemetery 6/14/82 Md Burial Crownsville BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE William C. March F/H 1101 E. **DHMH - 17** (VR A15 ME (5)) North

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STATE OF MARYLAND



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i: The faw require to has been sign permit. Then priene prior to but is shows any injii	CERTIFICATION	history of fre A	196 CONDITION FOR WHICH OPERATION W	preschere le	200 AUTOPSY?	206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	DEATH?
rSICIAN hysician. certificat certificat transit prati Hygi Item 18		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRE	YES NO		10 🗌
After the bound and market	MEDICAL	21d. INJURY OCCURRED WHILE NOTWHILE AT WORK	21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION	. CITY OR TOWN	N COUNTY	STATE
on ATTENIA hospital or at OIRECTOR: hed for use as Dept. of Healt if Item 21 is r		220 certify that (1) this haspital saw the deceased alive on above (11) (we) (did (1did not))		at in(my)(our) apinion de	to fire 2 6	19, that te and haur and from the caus	(II) we) las
HTALORY, the hosp RALOIRE detached fi trate Dept.		22b. SIGNATURE Clarles R/Sieles	DEG	ATTENDING PHYSICIAN	MEDICAL STAFF	221 DATE SIG	NED Q2
TO HOSPITAL TO FUNERAL O should be detach with the State DA IMPORTANT: if			SRAHAM SR		ik Re BI	na 40 2/1	28
BP		SPECIFY CREMATION, REMOVAL	6-26-1982 HOLD 1	TERY OR CREMATORY	23d LOCATION SITY OF TOWN	COUNTY	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FL	NAME NEBER FUNE	RAL HOME EDMO	NOSON JU	N 2 9 1982	Sh REGISTRAT SIGNATION	eithen

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH 2b HOUR TYPE OR PRINT HERBER 00 D 20 4 RACE 6 AGE LINYEARS LAST BIRTHDAY Male Cauc. 1903 78 BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Gity Maryland DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore City 29 Dundalk Avenue Steel Blower Baltimore Md. 13a. STATE 13c CITY OR TOWN Maryland Baltimore 29 Dundalk Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Herbert Wilson Winters Powell Anna 16b SOCIAL SECURITY NO ADDRESS Baltimore Md 17 INFORMANT No 213-07-2321 Margaret N. Winters, 29 Dundalk Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE to IMMEDIATE EVERE HYPOXIA Conditions, if ony, which gove rise to immediate couse to, stoting the underlying cause IC OBSTRUCTIVE PULMONARY DISEASE CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n ALITOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO M 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 00 HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from NOU Mars and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 774 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b 6800 MORNINGTON RD. DUNDALK 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 6/23/1982 Jessops Cemetery Cockeysville Balto. Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Lemmon-Mitchell-Wiedefeld W. Padonia Rd JU (VRA 15, 4)

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FOR - STATE

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CERTI	ICAIL OF DE	~ 111	REG. N	NO.		
		CEASED NAME FIRST	M	IDDLE	ī	AST		20 DATE OF DEATH	MONIH D	AY YEAR	26 HOUR
П		RAYMON	DO	TTO	W	ITMY	ER		6 2	2 82	5:37 M
	3. SE	X	4 RACE			FBIRTH		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
23	Ma	ale	White		8 WONTH	7 DAY	1900	81	YRS.	ONINS DATS	HOURS MIN
1	a. Bi	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MA	noice []	9 BALTIMORE CITY		OF DEATH	
9		ennsylvania	U.S.A		WIDOWE		RCED	Baltimor	e Cou	ntv	MD
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C			120 USUAL OCCUPAT	ION	126 KIND OF	F BUSINESS OR
	Di	undalk	2420 .	i facility, give street Dunran	Road			Steel Wo		Beth.	. Steel
1	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	SIVE RESIDENCE BEFORE	E ADMISSION)	1233		11/10/11		TDC CIT	Decer
		100 0001	imore	Dunda 1		13d. INSIDE CITY	(LIMITS? 10 🕱	3430 Dur	ran R	5so	
2		ATHER'S NAME		Danaar	.12	15. MOTHER'S A			iraii k	oau	
C		Ulysses S.	Grant	Witmy	or	Mar		WIDDLE		Will	
		VAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU		17 INFORMAN		9017 CH	Vennon	ke Ave	
	Ye		E WAR OR DATES)	213-07-	0379	Harold	D M-				21219
						THATOIC	1 11.14.	remyer	Darc		
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	D BY-		IAC I	ARRES	7			BETWEENO	NATE INTERVAL
		IJIJO IMMEDIATE CAUSE (a) CHRUING MICKEST									
		Conditions, if ony, which gave rise to immediate to the total and the course of the co									
Н		Canditions, if ony, which gave rise to immediate	(b)_/	THERE	CLER	0110 00	MOIN	N. SER	C41/1		
		underlying cause last.	DUE TO, OR	AS A CONSEQUE	ENCE OF			0/36/36	=		
		DART C. CTUER COLOURS	(c)								
	Z	PART 2 OTHER SIGNIFICANT (ONDITIONS CO	NIRIBUTING TO	DE ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR COM	ADITION GIVE	N IN PART 11a	
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7	FIC.	THE DATE OF GREATHOR	I Su CONOTT	ON TOK WITHER	OFERATION	N WAS PERFORM	NED			WERE FINDING ING CAUSES	
5	ERT	210 ACCIDENT WAS UNDERLYING	1 21b. TIME OF	INTURY		1214 HOW/PAUL	DV OCCUPATION	YES NO	YES		NO 🗆
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	ME	WHILE NOT WHILE	(AT HOME STREET	ET FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE
3		AT WORK AT WORK			8110			0 005	Contract of the Contract of th		
		220.1 certify that (1) (this haspi saw the deceased alive on	10011	27 10	2	d that is (my) (s	19	, to	1000		hat (I) (we) last
		above, (I) (we) (did) (did not; view the body after deoth									
Н		22b. SIGNATURE	1-		11	DEGREE	ENDING	MEDICAL STA	FF	22c DATE S	IGNED
-		27d PHYSICIAN'S NAME LITTE O	10	ano	100	PH	YSICIAN A	MEDICAL STA	CIAN		
M		DALLA D 7 A	RPRINT			22e ADDRESS					
L		VITUIU F. ZA	VANO			6800 M	ORNIN	GION RD 1	DAMA	K, MD.	2/275
		URIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CRE	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
11		urial	6/26/		edar	Lawn		Lancast		57 -	Penn.
		INERAL DIRECTOR Duda-		Inc.			250 DATE	REC'D. BY REGISTRAN	25b. REGISTA	AR'S SIGNATU	
	79	922 Wise Aven	ue Di	undalk,	MD.	21222	JUN	40 1982 6	pances	Jan 16	ithen

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requires that the

O HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physicion.

attending physicion

and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and car should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic event, the medical

completely filled

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTII	FICATE OF DEATH	REG. N	10.		- 4
		CEASED NAME FIRST	MIDD	DLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
ા		FERDINA	no A	· 456	AGER	Juns	12 1982	4	M
ı	3 SEX	4	RACE	5 DATE		6. AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
١I	1	IALE !!	WHITS	MA		72	YRS	DAYS	HOURS MIN.
Ш			CITIZEN OF WH	AT COUNTRY? 8		9 BALTIMORE CITY		DEATH	
4	6	SUNTRY)	11. S. P	MARRIE WIDOW	D W NEVER MARRIED DIVORCED	BOITIM	185 [2.	. ~~	J
1	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOME		12a USUAL OCCUPAT	ION 12	KINDO	F BUSINESS OR
0	PA	RKVILLE	27 26	GLE ODALS	ROAD	BITH S	TS 51	FLOC	eman
1	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR OT TATE 13b COUNT)			1131 INCIDE CITY IN ITES		1665	FAUC	ZIXI. IMI
5	3	0011	O. F	ARKVILLE	YES NO N	13e. STREET ADDRESS	GLEND	DIS	ROAD
	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NA		0-211	11/2	KOND
C	-	TULIUS MI	DDIE	IACTER	AMIL:	MIDDLE	BAT	C HC	AO
		AS DECEASED EVER IN U.S. ARMI		SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
	- (25 NOOR ONKNOWN) TO TES, GIVE V	ANONDATES	13 09 0928	Family	4 RECOR	205		
F		18 CAUSE OF DEATH (Enter only	ane cause per lige		. /		1	APPROXU	MATE INTERVAL
		PART I. DEATH WAS CAUSED	BY:	whenex	Teast Di	rase.		BETWEENC	JASE LAISO DE ATA
		4149		a a constant of or	10-0-01	700	C L STORY		
		Conditions, if any, which	1	S A CONSEQUENCE OF					
	gave rise to immediate								
		couse (a) stating the	1 DUE TO 00 11				100000		
	'n	couse (a), stating the underlying cause last	DUE TO, OR AS	S A CONSEQUENCE OF					
	H	underlying cause last	(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	
	NOI		(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	
	CATION	underlying cause last	NOITIONS CONT	RIBUTING TO DEATH BUT	4'	INAL DISEASE OR CON	20b IF YES, WE	RE FINDIN	IGS USED
7	TIFICATION	underlying cause last PART 2 OTHER SIGNIFICANT CO	NOITIONS CONT	RIBUTING TO DEATH BUT	4'	200 AUTOPSY?	206 IF YES, WE	RE FINDIN	IGS USED OF DEATH?
7	CERTIFICATION	underlying cause last PART 2 OTHER SIGNIFICANT CO	IPB. CONDITIO	RIBUTING TO DEATH BUT T face N FOR HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WE IN CERTIFYING YES	RE FINDIN CAUSES	IGS USED
7	AL CERTIFICATION	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	I 196 CONDITIONS CONTINUE OF INHOUR A.M.	RIBUTING TO DEATH BUT THE FOR HICH OPERATION JURY MONTH DAY YEAR	4'	200 AUTOPSY? YES NO	20b IF YES, WE IN CERTIFYING YES	RE FINDIN CAUSES	IGS USED OF DEATH?
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77		Underlying cause last PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPEN TION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (the hearth) sow the deceased alive an abave, (I) [was table (did not)]	19b CONDITIONS CONT. 19b CONDITIONS TO THE PLACE OF I (AT HOME, STREET. 1) oftended the device when body after the body after the power than	RIBUTING TO DEATH BUT FOR PHICH OPERATIO HJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE FARM, ETC.) Exceased from 19 19 19 19 19 19 19 19 19 1	N WAS PERFORMED 211 LOCATION STREET 19 10 11 11 12 11 12 13 14 15 16 17 18 18 19 18 19 18 19 18 19 18 19 18 18	20a AUTOPSY? YES NO CENTER NATURE OF INJUING TO COMPANY. CITY OR TO COMPANY. MEDICAL STA	20b IF YES, WE IN CERTIFYING YES TO THE TOTAL THE TENT TO THE TENT	RE FINDIN CAUSES (DRPART 2) OUNTY	STATE
77		Underlying cause last PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPE TION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AT WORK 27e. I certify that (I) (the sow the deceased alive an abave, (I) (montable) (did not). 277 SIGNATURE MARKAN MARKA	19b CONDITIONS CONT. 19b CONDITIONS TO THE PLACE OF I (AT HOME, STREET. 1) oftended the device when body after the body after the power than	RIBUTING TO DEATH BUT FOR PHICH OPERATIO HJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE FARM, ETC.) Exceased from 19 19 19 19 19 19 19 19 19 1	N WAS PERFORMED 216 HOW INJURY OCCURE 211 LOCATION STREET 211 LOCATION STREET AND 19 DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? YES NO CENTER NATURE OF INJUING TO COMPANY. CITY OR TO COMPANY. MEDICAL STA	20b IF YES, WE IN CERTIFYING YES TO THE TOTAL THE TENT TO THE TENT	RE FINDIN CAUSES (DRPART 2) OUNTY	STATE
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11 - mine in 12 in			Asset Transfer	1-0-6
B. Barrie. Barrie. In State of the State of				

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	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYL TEALTH AND TICATE OF	MENTAL HYG	REG. NO) o.	4 5	9 4
		CEASED NAME	FIRST		MIDDLE		AST T	SR.			DAY YEAR	2h HOUR
13			ernhar		W		BELL	DIL	June 29, 1			11:58am
	3 SEX	IALE		CAUCA	SIAN	5 DATE O	1^7	YE 4 1	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
6		RYLAND	DR FOREIGN	USA	WHAT COUNT	RY? 8 MARRIE WIDOWE	D X NEVER	MARRIED	Baltimore City o	_		MD.
7		OSSVILLE			HOSPITAL, NUI	REET ADDRESS)	OSPTT		120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF			F BUSINESS OR
3	130 S	L RESIDENCE (IF NU TATE RYTAND	13b COUN		GIVE RESIDENCE BE	OWN	13d INSIDE	NO T	13e STREET ADDRESS 8107 PO	PLAR	AVE.	
2		THER'S NAME		AIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME MIDDLE		LAS1	
C		WILLIAM			ZYB	ELL	MA	RGARET			BRENN	
		AS DECEASED EVE		AED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT	ADDRE	ŠŠ		
	41	NO	(IF TES, GIVE	WAR OR DATES	21610	8102	HEL	EN ZYE	ELL 8107	POPLA	AR AVE	
		18 CAUSE OF DEA	ATH (Enter onl	y one couse per							BETWEEN	MATE INTERVAL
	Ε.	PART I. DEATH		E CAUSE (0)	Cardio	pulmona	rv Arr	est		11.11		
		DUE TO OR AS A CONSEQUENCE OF										
		Conditions, if ony, which ((b) Acute Myocardial Infarction							on			The second
		gove rise to in		DUE TO O	R AS A CONSE	QUENCE OF						
		underlying cou	ise lost.	(c)_								
		PART 2. OTHER SI	GNIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	NINAL DISEASE OR CON	DITION GIVI	EN IN PART 110) ·
	NO.					17.7						
7	CERTIFICATION	19a DATE OF OPERATION 1		196 COND	196 CONDITION FOR WHICH OPERATION			DRMED	YES NOKT	IN CERTIF	, WERE FINDIN YING CAUSES	
	ERT	210. ACCIDENT WAS L	INDERLYING [21b. TIME O	OF INJURY		Izir How I	NJURY OCCUR	RED (ENTER NATURE OF INJU			NO [
7		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH				(Entermished his			
/	MEDICAL	21d INJURY OCCU		P. 21e. PLACE	M. OF IN IURY	19	21f. LOCAT	ION				
	ME	AT WORK ALL WORK								COUNTY	STATE	
		22a.1 certify tho		ol) ottended th	e deceased fro	00	me 28	19 82	, 10			that (Tr (we) lost
		sow the dece	osed alive an I (did) idi) view the body	une 29	9 02 . 0	nd that in (ms	(our) opinion	death occurred on the de	ate and hou		
		226. SIGNATURE	A -			WE A	DEGREE	ATTENIONIO	MEDICAL STA		22c. DATE	
		4	my	P & A STATE OF THE			37 67		MEDICAL STA	IAN 🗌	6/29	0/82
1	`	22d. PHYSICIAN'S	NAME (19/0)	PRINT)	ATEL		22e. ADDRE					
1		Paul T	ecklen	berg, M	I.D.		9000	Frankli	in Square Di	. Bal	to., MI	21237
		SURIAL, CREMATION	N, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	2.44	TIPTAT		7/2	/82	GARDE	NS OF	FAITH	BALTO.		BALTO.	MD.

1211

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

